

DEDUCTION FORM

Employee First Name:		Middle:	Last:	
Employee Number:				
Client Name:				
YCHECK DEDU	CTION			
Deduction Type	Due on Dook Tour	Hankiya Data	Amazini Day Day maylad	Total America
Deduction Type	Pre or Post lax	Trective Date	Amount Fer Pay period	Total Amount
THORIZED SIGN	NATURES			
			Pemar	le.
Owner:		Date:	Kemai	KJ.
OWITOI.		Dale.		
Manager:		Date:		
2 2 3 244				
Employee:		Date:		
	Employee Number: Client Name: YCHECK DEDU Deduction Type UTHORIZED SIGN Owner: Manager:	First Name: Employee Number: Client Name: YCHECK DEDUCTION Deduction Type Pre or Post Tax ITHORIZED SIGNATURES Owner: Manager:	First Name:	First Name: