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**Baby Acapulco Restaurant**

**1912 E. 7th St.**

**Austin, TX, 78702**

**Telephone: 512-776-0901**

**EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deduction Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Payroll Deductions:

* Food Handlers Certification Registration $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

($12.00 for City of Austin registration)

* Payroll Advance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Installments #\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_per pay period

* Lost check fee- stop Payment fee ($20.00) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Certification for Employment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Medical Insurance

Health $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that my gross will be reduced by the amount of my deduction as checked and indicated above. In the event the deduction is changed, my employer is authorized to deduct the new amount from my pay.

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**