MEMCO

MAREK EMPLOYMENT MANAGEMENT COMPANY

AUTHORIZATION FOR PAYROLL DEDUCATION

NAME: _____

SSN: _____

COMPANY: _____

DATE: _____

QUANTITY	DESCRIPTION	PRICE

TOTAL: _____

I AUTHORIZE DEDUCTION FROM MY PAYCHECK TO PAY FOR THE ABOVE MATERIALS AND SERVICES.

_____

SIGNED **DATE**

1860 Crown Dr. #1400 • Farmers Branch, TX 75234 • 972-556-1867 • Fax 972-910-8573