



staff administrators

Employee Deduction Authorization

One Time Deduction

I hereby authorize Trigon Staff Administrators, Inc. (TSA) to deduct \$_____ from my next paycheck. This deduction is for _____.

Recurring Deduction

I hereby authorize Trigon Staff Administrators, Inc. (TSA) to deduct \$_____ from each paycheck. This deduction is for _____.

(Employee Signature)

(Date)

(Employee's Printed Name)

(Supervisor's Signature)

(Date)

Company Name

Please mail or fax immediately to:
Trigon Staff Administrators, Inc.
1010 East Jefferson Street
Phoenix, Arizona 85034
Phone: 602-358-0300
Fax: 602-358-0303

TSA Use Only

Client Name: _____	Date Entered: _____	Initials: _____
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