Authorisation of Payroll Deduction			Tandem your payroll solution	
EMPLOYER NAME				
EMPLOYEE DETAILS				
EMPLOYEE NAME				
REASON FOR DEDUCTION				
SCHEDULE OF DEDUCTIONS	<b>S</b>			
Date	Amount	Date	Amount	
		the date(s) as specified abov authorise any remaining bala		
EMPLOYEE SIGNATURE		DATE		
AUTHORISATION BY EMPLO	DYER	,		
Is there a clause in the employee's contract of employment to authorise this				
deduction from pay?		_	NO	
AUTHORISED SIGNATORY		DATE		
PLEASE FORWARD TO TAN	DEM PAYROLL LTD			
Fax: 08717 143 367 Email: paymatters@tandempayroll.co.uk Post: Tandem Payroll Ltd, 5 Lancing Close, Werrington, Peterborough, PE4 6QX				
FOR OFFICE USE ONLY				
SIGNATURE CHECKED BY				
Please note:				
One of three conditions has to be The deduction or payment must b	met for an employer lawfully to ma e:	ke deductions from wages.		
	nade; or	cional insurance deductions); or a written copy of the relevant terms	or a written	
There are exemptions from these of wages or expenses.	conditions that allow an employer t	o recover, for example, an earlier ov	erpayment	

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