



## Savings Club Withdrawal Form

Employee Name: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Client Name: \_\_\_\_\_

Refund Amount\$ \_\_\_\_\_

PLEASE CHECK ONE: \_\_\_\_\_ Continue Deductions \_\_\_\_\_ Stop Deductions

PLEASE CHECK ONE : \_\_\_\_\_ Include with payroll Check

\_\_\_\_\_ Mail to Employee's home address  
(As indicated on payroll check)

\_\_\_\_\_ Direct Deposit

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Reminder: There is a 48 hour waiting period for withdrawal requests)

Staffing & Payroll Alternative Inc

118 E Dallas St

Canton, TX 75103

Phone: 903-567-4500

Fax: 903-567-0468

