



Nationwide Investigations and Security, Inc.

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Tel: 713-587-9600 • Fax: 281-747-1398 • Emergency: 1-800-294-6042

Voluntary Payroll Deduction Authorization Form

Type of Deduction	Total Requested Amount	Deduction Amount Per Pay Period

Effective Date: _____

I hereby authorize Nationwide Investigations & Security, Inc. to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount that is due and owing at the termination of my contract, regardless of whether the termination was voluntary or not, will be deducted from my last paycheck or any other amounts that may be owed to me. This authorizes Nationwide Investigations & Security, Inc. to retain the entire amount of my last paycheck in compliance with the law.

Contractor Signature

Print Name

Date