## Agency Information

**Agency name:** _____

**Address 1:** _____

**Address 2:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Phone:** _____ **Fax:** _____

**Agency Bank Name:** _____

**Agency Bank Account #:** _____ **Agency Bank Routing #:** _____

**Agency Payment Frequency:** ❑ **Every pay period** ❑ **Semi-monthly** ❑ **Monthly** ❑ **Other** _____

**Deduction Name:** _____

**Type:** ❑ **Pretax** ❑ **Post Tax**

## Employees Associated with Deduction & Contribution

| Employee Name ▼ | Contribution Amount ▼ |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |