



COASTAL TRANSPORT CO., INC.

1603 Ackerman Road · San Antonio, TX 78219
(210) 661-4287 · (800) 523-8612 · Fax (210) 661-9368

PAYROLL DEDUCTION AUTHORIZATION

Date: _____

Terminal: _____

Employee Number: _____

Employee Name: _____

Section I (To be completed by employee)

I hereby authorize Coastal Transport Co., Inc. to deduct \$ _____ from my earning for the following reason:

Select One:

____ Uniforms (Deducted \$40 a month minimum) \$ _____
Management signature not required

____ Pay Advance \$ _____

____ Other – Explain: _____ . \$ _____

\$ _____ will be deducted each pay period for _____ pay periods for a total payroll deduction of \$ _____.

In the even the employment ceases for any reason, the remaining balance will be deducted in full from the final paycheck.

Employee's Signature

Date

Terminal Manager's Signature

Date

Management Signature

Date

Section II (To be completed by Payroll Department)

Previous Balance \$ _____

New Balance: \$ _____

Date: _____

Signature: _____