VOLUNTARY PAYROLL DEDUCTION AGREEMENT

Employee Authorization Form

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

Department: _____

Job Title: _____

DEDUCTION DETAILS

- ☐ Health Savings Account (HSA)
- ☐ Retirement Contribution (401k/IRA)
- ☐ Charitable Contribution
- ☐ Gym/Wellness Membership
- ☐ Uniform/Equipment
- ☐ Other (Specify Below)

Other Specification: _____

SCHEDULE & AMOUNT

Deduction Amount ($): _____

Frequency: _____

Effective Start Date: _____

Effective End Date: _____

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the indicated amount from my pay each pay period. This authorization is voluntary and shall remain in effect until I submit written notification to terminate or amend this agreement, or until the specified end date of the deduction has been reached. I understand and agree that I am responsible for ensuring that the remaining net pay is sufficient to cover any other mandatory obligations.

_____ _____

Employee Signature Date

Authorized Company Representative

Date