VOLUNTARY PAYROLL DEDUCTION REQUEST FORM

Payroll Department

EMPLOYEE INFORMATION

Employee Name

_____

Employee ID

_____

Department / Division

_____

Job Title

_____

DEDUCTION DETAILS & AUTHORIZATION

Please select the type of voluntary deduction you wish to authorize, and specify the amount and frequency.

- ☐ **Health Savings Account (HSA)**
- ☐ **Flexible Spending Account (FSA)**
- ☐ **Retirement / 401(k) Contribution**
- ☐ **Life Insurance Premium**
- ☐ **Charitable Contribution**
- ☐ **Other (Specify below)**

Specification of "Other" Deduction

_____

Deduction Amount per Pay Period ($)

_____

Effective Date (Start Date)

_____

End Date (If applicable)

_____

Deduction Frequency

○ Ongoing (Until further notice) ○ One-time Deduction

AUTHORIZATION AND AGREEMENT

I hereby authorize my employer to deduct the amount specified above from my earnings each pay period. This authorization is voluntary and shall remain in effect until I submit written notification of its change or termination, or until the specified end date of the deduction. I understand that if my net earnings are insufficient to cover the requested deduction, no deduction will be made for that pay period.

_____

Employee Signature

_____

Date

FOR HR / PAYROLL OFFICE USE ONLY

Date Received		**Processed By**	
Effective Pay Period		**Signature**	