

VOLUNTARY PAYROLL WITHHOLDING CONSENT FORM

This form authorizes the employer to withhold voluntary deductions from the employee's payroll. Please complete all sections clearly.

EMPLOYEE INFORMATION

Employee Full Name: _____

Employee ID Number: _____

Department / Division: _____

Job Title: _____

WITHHOLDING AUTHORIZATION DETAILS

Select the type of voluntary deduction and specify the amount and schedule to be withheld.

- Retirement / 401(k) Contribution Amount (\$ or %): _____
- Health Savings Account (HSA) Amount (\$ or %): _____
- Charitable Contribution Amount (\$ or %): _____
- Other (Specify below) Amount (\$ or %): _____

Other Description: _____

FREQUENCY & DURATION

- Recurring deduction per pay period
- One-time deduction

Effective Start Date: _____

End Date (if applicable): _____

AUTHORIZATION & CONSENT

I hereby authorize my employer to deduct the voluntary amounts indicated above from my earnings each pay period, or as a one-time deduction as specified. I understand that this authorization is voluntary and that I may revoke or amend this consent at any time by submitting a written request to the Payroll/Human Resources department at least ten (10) business days prior to the next scheduled pay date. I agree that the employer is not responsible for any consequences resulting from deductions made in accordance with this authorization.

EMPLOYEE SIGNATURE

DATE

PAYROLL REPRESENTATIVE SIGNATURE

DATE RECEIVED