VOLUNTARY POST-TAX PAYROLL DEDUCTION AUTHORIZATION

Employee Request & Agreement

EMPLOYER INFORMATION

Company Name: _____

EMPLOYEE INFORMATION

Employee Name: _____ **Employee ID:** _____

Department: _____ **Job Title:** _____

DEDUCTION DETAILS (POST-TAX)

Please select the type of voluntary post-tax deduction(s) you wish to authorize:

- ☐ Roth 401(k) / Roth 403(b)
- ☐ Voluntary Life Insurance
- ☐ Disability Insurance (Post-Tax)
- ☐ Credit Union / Savings Deposit
- ☐ Union Dues
- ☐ Charitable Contribution
- ☐ Other (Specify):

Deduction Amount ($): _____ **Frequency:** _____

Effective Start Date: _____ **End Date / Ongoing:** _____

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the amount specified above from my post-tax earnings each pay period. I understand that this deduction is made on an after-tax basis, meaning taxes will be calculated and withheld before this deduction is applied. I acknowledge that this authorization is voluntary and will remain in effect until I submit a written request to change or terminate it, or until the specified end date or termination of my employment. I assume full responsibility for the accuracy of the information provided above.

_____ _____

Employee Signature **Date**

PAYROLL / HR INTERNAL USE ONLY

Processed By Name: _____ **Date Processed:** _____

Signature: _____ **Effective Pay Cycle:** _____