VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION

Please complete all sections of this form to authorize voluntary withholdings from your pay. This authorization will remain in effect until revised or revoked in writing.

EMPLOYEE INFORMATION

Employee Full Name

Employee ID / Number

Department

Job Title

DEDUCTION DETAILS & AUTHORIZATION

Type of Deduction (Select all that apply)

- [ ] Retirement / 401(k)
- [ ] Health Savings Account (HSA)
- [ ] Charitable Contribution
- [ ] Union Dues
- [ ] Supplemental Insurance
- [ ] Other (Specify below)

Specification (If "Other" selected)

Deduction Amount ($)

Frequency of Deduction

Effective Start Date

End Date (If applicable)

TERMS & ACKNOWLEDGMENT

I hereby authorize my employer to deduct the amount specified above from my wages or salary on a voluntary basis. I understand and agree that this deduction will continue according to the frequency indicated above unless I submit a written request to terminate or modify this authorization. I acknowledge that I am responsible for ensuring that my net pay is sufficient to

cover this deduction, and that the employer is not responsible for any consequences resulting from insufficient funds.

Employee Signature

Date (MM/DD/YYYY)

PAYROLL / HR OFFICE USE ONLY

Processed By (Name)

Date Processed

Payroll Representative Signature

Date (MM/DD/YYYY)