

VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION

Employee Authorization Form

1. EMPLOYEE INFORMATION

Employee Full Name

Employee ID / Number

Department

Job Title

2. DEDUCTION DETAILS

Type of Voluntary Deduction (Select all that apply)

- Health / Medical Premium Contribution
- Retirement / 401(k) Contribution
- Savings / Credit Union Account
- Charitable Contribution
- Union / Professional Association Dues
- Other (Specify below)

Specification (if 'Other' is selected)

Deduction Amount (\$)

Frequency

Effective Start Date

Effective End Date (if applicable)

3. AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the amount specified above from my wages or salary on a voluntary basis. I understand that this deduction will begin on the effective start date specified above and will continue either until the specified end date or until I submit a written revocation of this authorization to the payroll department. I acknowledge that I am solely responsible for ensuring that my net pay is sufficient to cover this deduction.

Employee Signature

Date

4. EMPLOYER INTERNAL USE ONLY

Processed By (Name)

Date Processed

Payroll / HR Representative Signature

Date

Please retain a copy of this form in the employee's personnel file.