EMPLOYEE AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTIONS

Voluntary Payroll Deduction Template

EMPLOYER INFORMATION

Company Name: _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____ **Department:** _____

Job Title: _____ **SSN (Last 4):** _____

DEDUCTION AUTHORIZATION DETAILS

I hereby authorize my employer to deduct the following amounts from my wages/salary on a voluntary basis. I understand that these deductions will be made in accordance with the schedule specified below.

TYPE OF DEDUCTION	AMOUNT / %	FREQUENCY (PER PAY PERIOD / MONTHLY)	EFFECTIVE DATE

TERMS & CONDITIONS

I acknowledge and agree that this authorization is voluntary. I understand that it is my responsibility to ensure that my net pay is sufficient to cover these deductions. This authorization will remain in effect until I submit a written request to revoke or amend it, or until my employment terminates, or until the designated end of the deduction period.

_____ _____

Employee Signature Date

_____ _____

HR / Payroll Representative Signature Date