

EMPLOYEE AUTHORIZATION FOR VOLUNTARY PAYROLL WITHHOLDING

EMPLOYEE INFORMATION

Employee Name: _____
Employee ID: _____ Department: _____
Job Title: _____ Email / Ext: _____

WITHHOLDING AUTHORIZATION DETAILS

I hereby authorize my employer to withhold the specified voluntary deduction(s) from my paychecks as designated below:

- Health Insurance / Premium Upgrades
- Retirement / 401(k) Contribution
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Charitable Contribution
- Other (Specify below)

Specific Purpose /
Description: _____

Deduction Amount (\$): _____ Or Percentage of Gross (%): _____

Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Effective Start Date: _____ End Date (If applicable): _____

TERMS & CONDITIONS

I understand that this authorization is voluntary and will remain in effect until I submit written notice of cancellation, or until the specified end date/total amount has been reached. I acknowledge that the deductions will be made in accordance with applicable state and federal laws. I agree that my employer is not responsible for any tax consequences resulting from these voluntary deductions.

Employee Signature: _____ Date: _____

HR / Payroll Approver: _____ Date: _____

