

Employee Post-Tax Deduction Authorization Form

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / NO.

DEPARTMENT / DIVISION

JOB TITLE

DEDUCTION TYPE (SELECT ALL THAT APPLY)

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

- Roth 401(k) / Retirement Contribution
- Voluntary Life Insurance (Post-Tax)
- Union Dues
- Charitable Contribution
- Savings / Credit Union Plan
- Gym / Wellness Membership
- Other (Specify): _____

DEDUCTION DETAILS & SCHEDULE

DEDUCTION AMOUNT (\$) OR PERCENTAGE (%)

FREQUENCY (E.G., WEEKLY, BI-WEEKLY, MONTHLY)

START DATE (EFFECTIVE PAY PERIOD)

END DATE (IF APPLICABLE, OR WRITE "UNTIL TERMINATED")

AUTHORIZATION AGREEMENT

I hereby authorize my employer to deduct the amount(s) specified above from my net pay (after-tax earnings) each pay period. I understand that these deductions are voluntary and made on a post-tax basis. This authorization will remain in full force and effect until I submit written notification of its change or termination, allowing reasonable time for the payroll department to act upon my request, or until the specified end date. I agree that my employer is not responsible for any financial consequences resulting from deductions made in accordance with this authorization.

EMPLOYEE SIGNATURE

DATE

FOR HR / PAYROLL DEPARTMENT USE ONLY

RECEIVED & PROCESSED BY

DATE PROCESSED

PAYROLL NOTES / ACCOUNT CODES

Please retain a copy of this form for your personal records.