

EMPLOYEE VOLUNTARY PAYROLL WITHHOLDING AGREEMENT

EMPLOYEE INFORMATION

Employee Full Name

Employee ID Number

Department / Division

Job Title

EMPLOYER INFORMATION

Company Name

AUTHORIZATION STATEMENT

I hereby authorize my employer, named above, to make the following voluntary deduction(s) from my gross earnings each pay period. I understand that this authorization is voluntary and that I may revoke or amend this agreement at any time by submitting a written request to the Payroll Department in accordance with company policy and applicable state laws.

WITHHOLDING DETAILS

Description of Voluntary Deduction	Amount per Pay Period (\$ or %)	Total Target Amount (If applicable)

Effective Date of Deductions

Termination Date of Deductions (If applicable)

ACKNOWLEDGMENT & SIGNATURES

By signing below, I acknowledge that I have read, understand, and agree to the terms of this Voluntary Payroll Withholding Agreement. I certify that the deductions specified above are voluntary and authorized by me.

Employee Signature

Date

Authorized Employer Representative Signature

Date