

# VOLUNTARY PAYROLL DEDUCTION ELECTION FORM

Authorization for Payroll Withholding

## EMPLOYEE INFORMATION

Employee Full Name

Employee ID

Department

Job Title

## DEDUCTION DETAILS

Purpose of Deduction (e.g., Pension, Health Club, Savings, Charity)

Tax Treatment

Pre-Tax

Post-Tax

Deduction Amount (\$ or % per pay period)

Effective Start Date

End Date (If applicable/temporary)

## AUTHORIZATION & AGREEMENT

I hereby authorize my employer to withhold the designated amount(s) listed above from my earnings each pay period. I understand and agree that this deduction will continue until the specified end date, or until I submit written notification of its change or termination. I acknowledge that I am voluntarily participating in this withholding program, and that my employer is not responsible for any personal tax consequences or implications resulting from this election.

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Employee Signature

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Date

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**Payroll Administrator Signature**

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**Date**