

PAYROLL DEDUCTION AUTHORIZATION

Voluntary Consent & Tracking Record

EMPLOYER INFORMATION

COMPANY NAME

DATE OF REQUEST

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / PAYROLL NUMBER

DEPARTMENT

JOB TITLE

EMAIL ADDRESS / EXTENSION

DEDUCTION DETAILS & AUTHORIZATION

DEDUCTION TYPE / DESCRIPTION	AMOUNT PER CYCLE (\$)	START DATE	END DATE (IF APPLICABLE)

FREQUENCY OF DEDUCTION

- Every Pay Period
- Monthly
- One-Time Deduction
- Other

CONSENT STATEMENT

I hereby authorize my employer to deduct the amount(s) specified above from my earnings. I understand that this authorization is voluntary and will remain in effect until I submit written notification of its termination or change, or until the designated end date has been reached. I acknowledge that these deductions are subject to administrative processing timelines.

EMPLOYEE SIGNATURE

DATE

HR / PAYROLL OFFICE USE ONLY (TRACKING)

RECEIVED BY

DATE RECEIVED

EFFECTIVE PAY PERIOD

PAYROLL ACTION TAKEN

Entered in System

Filed in Employee Record

PROCESSED BY (SIGNATURE & DATE)