

# VOLUNTARY PAYROLL DEDUCTION AGREEMENT

Employee Authorization Form

## EMPLOYER INFORMATION

Company Name

## EMPLOYEE INFORMATION

Employee Full Name

Employee ID Number

Department

Job Title

## DEDUCTION TYPE

Select all that apply.

- Health Insurance Premium
- Retirement / 401(k) Contribution
- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Life / Disability Insurance
- Charitable Contribution
- Union Dues
- Company Equipment / Uniforms
- Other (Please specify):

## DEDUCTION SCHEDULE & AMOUNT

Amount to Deduct Per Pay Period (\$ or %)

Start Date

End Date (If applicable)

## AUTHORIZATION AGREEMENT

I hereby authorize my employer to deduct the amount(s) indicated above from my paychecks. I understand that this deduction will begin on the start date specified and will continue either until the specified end date or until I submit written notification to terminate this agreement. I understand and agree that I am voluntarily requesting this deduction and that I am responsible for ensuring the deduction details are accurate.

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Employee Signature

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Date

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Payroll/HR Representative Signature

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Date