VOLUNTARY PAYROLL DEDUCTION ENROLLMENT FORM

Payroll Department

EMPLOYEE INFORMATION

EMPLOYEE NAME (LAST, FIRST, M.I.)

_____

EMPLOYEE ID

_____

DEPARTMENT

_____

JOB TITLE

_____

EMAIL ADDRESS

_____

PHONE NUMBER

_____

DEDUCTION SELECTION

Select all voluntary payroll deductions you wish to authorize:

- ☐ Retirement Plan (401k/Roth)
- ☐ Health Savings Account (HSA)
- ☐ Flexible Spending Account (FSA)
- ☐ Supplemental Life Insurance
- ☐ Charitable Contribution
- ☐ Other (Specify below)

IF "OTHER", PLEASE SPECIFY DESCRIPTION

_____

DEDUCTION AUTHORIZATION DETAILS

DEDUCTION AMOUNT ($ OR %)

_____

FREQUENCY (E.G., PER PAY PERIOD, MONTHLY)

_____

EFFECTIVE START DATE

_____

EXPIRATION DATE (OPTIONAL)

_____

I hereby authorize my employer to deduct the amount indicated above from my earnings each pay period. This authorization is to remain in full force and effect until my employer has received written notification from me of its termination in such time and in such manner as to afford my employer and the financial institution a reasonable opportunity to act on it. I understand that voluntary deductions are subject to administrative review and plan guidelines.

EMPLOYEE SIGNATURE

DATE

EMPLOYER USE ONLY

PROCESSED BY

DATE PROCESSED

PAYROLL CYCLE START DATE

AUTHORIZED SIGNATURE