

VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION

Employer Copy

EMPLOYER INFORMATION

Company Name: _____

EMPLOYEE INFORMATION

Full Name: _____ Employee ID: _____

Department: _____ Job Title: _____

DEDUCTION AUTHORIZATION DETAILS

I hereby authorize my employer to deduct the following amounts from my paychecks:

- | | | |
|--|---------------------------|-------|
| <input type="checkbox"/> Health Insurance / Medical | Amount per Pay
Period: | _____ |
| <input type="checkbox"/> Retirement / 401(k) / Pension | Amount /
Percentage: | _____ |
| <input type="checkbox"/> Savings / Credit Union | Amount per Pay
Period: | _____ |
| <input type="checkbox"/> Charitable Contribution | Amount per Pay
Period: | _____ |
| <input type="checkbox"/> Other: _____ | Amount per Pay
Period: | _____ |

Effective Date: _____ Termination Date: _____

AUTHORIZATION & AGREEMENT

I understand and agree that this authorization is voluntary. I authorize my employer to deduct the amounts specified above from each of my regular paychecks. I understand that these deductions will continue until the specified termination date, or until I submit written notification to revoke or change this authorization. I certify that all information provided on this form is accurate and complete.

Employee Signature

Date

HR / Payroll Representative Signature

Date