

VOLUNTARY PAYROLL CONTRIBUTION AUTHORIZATION

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

Department: _____

Job Title: _____

Email Address: _____

CONTRIBUTION DETAILS

Organization / Fund: _____

Deduction Amount: \$ _____

Frequency: _____

Effective Date: _____

End Date: _____

DEDUCTION TYPE

- One-time deduction
- Recurring deduction per pay period (until authorization is revoked in writing)
- Pre-tax contribution (if eligible)
- Post-tax contribution

AUTHORIZATION AND AGREEMENT

I hereby authorize my employer to deduct the voluntary contribution amount specified above from my gross earnings each pay period, or as a one-time deduction as indicated. I direct that these funds be forwarded to the designated organization or fund listed above.

I understand that this authorization is voluntary and that I may revoke or amend this contribution at any time by submitting written notice to the HR or Payroll Department. I acknowledge that the processing of any revocation or modification may take up to one full pay cycle to become effective.

Employee Signature

Date

FOR HR / PAYROLL DEPARTMENT USE ONLY

Received By: _____

Date Received: _____

Processed By: _____

Pay Period
Effective: _____

