

# VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE REQUEST TEMPLATE

## EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

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EMPLOYEE ID

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DEPARTMENT

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JOB TITLE

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## DEDUCTION DETAILS

TYPE OF VOLUNTARY DEDUCTION (SELECT ALL THAT APPLY)

- Retirement / 401(k) Contribution
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Charitable Contribution
- Union Dues
- Other: \_\_\_\_\_

DEDUCTION AMOUNT (\$ OR %)

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FREQUENCY (E.G., WEEKLY, BI-WEEKLY, MONTHLY, ONE-TIME)

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EFFECTIVE START DATE

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TERMINATION DATE (IF APPLICABLE)

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I hereby authorize my employer to deduct the amount(s) specified above from my wages or salary on each scheduled pay period, starting from the effective date indicated, and to remit these funds to the designated entity or account. I understand that this authorization is voluntary and that I may revoke or amend this request at any time by submitting a new written authorization to the Payroll Department, subject to administrative processing timelines.

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EMPLOYEE SIGNATURE

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DATE

**FOR HR / PAYROLL DEPARTMENT USE ONLY**

RECEIVED BY

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DATE RECEIVED

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PROCESSED BY

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PAY PERIOD EFFECTIVE

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