

VOLUNTARY DEDUCTION AUTHORIZATION

PAYROLL DEPARTMENT DOCUMENT

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID: _____
Department: _____ Job Title: _____

AUTHORIZED DEDUCTIONS

Select	Deduction Type / Description	Amount Per Pay Period (\$)	Effective Date
<input type="checkbox"/>	Health Insurance Premium (Pre-Tax)		
<input type="checkbox"/>	Dental Insurance Premium (Pre-Tax)		
<input type="checkbox"/>	Vision Insurance Premium (Pre-Tax)		
<input type="checkbox"/>	Retirement / 401(k) Contribution		
<input type="checkbox"/>	Flexible Spending Account (FSA)		
<input type="checkbox"/>	Health Savings Account (HSA)		
<input type="checkbox"/>	Other:		

AUTHORIZATION AGREEMENT

I hereby authorize my employer to make the voluntary payroll deductions specified above from my earnings each pay period. I understand that these deductions will continue until I submit written notification to terminate or change the authorized amount, or until my employment terminates. I agree that the employer is not responsible for any issues arising from incorrect details provided on this form and that it is my responsibility to review my pay stubs to verify the accuracy of the deductions.

Employee Signature: _____ Date: _____

PAYROLL DEPARTMENT USE ONLY

Processed By: _____ Date Processed: _____
Pay Cycle Start: _____ Signature: _____

Please return the completed and signed form to the HR or Payroll Department.