Company: _____ **Date:** _____

VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION

Employee Contribution & Deduction Form

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____ **SSN (Last 4):** _____

Department: _____ **Position:** _____

DEDUCTION AUTHORIZATION DETAILS

Select	Deduction Category / Description	Amount per Pay Period ($)	Start Date	End Date (If applicable)
☐	Health Insurance Premium (Pre-tax)			
☐	Retirement / 401(k) Contribution			
☐	Flexible Spending Account (FSA)			
☐	Health Savings Account (HSA)			
☐	Life Insurance Premium (Post-tax)			
☐	Charitable Contribution			
☐	Other:			

AUTHORIZATION AGREEMENT

I hereby authorize my employer to deduct the requested amounts specified above from my earnings each pay period. I understand that this authorization is voluntary and will remain in effect until I submit written notification to terminate or change the deduction, or until the specified end date has been reached. I agree that my employer is not responsible for any consequences resulting from these voluntary deductions, provided they are made in accordance with this authorization.

_____ _____

Employee Signature Date

_____ _____

Payroll / HR Representative Signature Date