Company Name: _____

VOLUNTARY PAYROLL DEDUCTION CONSENT FORM

Employee Authorization

EMPLOYEE INFORMATION

Employee Full Name: _____

Employee ID: _____ **Department:** _____

Job Title: _____

DEDUCTION DETAILS

Deduction Type / Purpose: _____

Deduction Amount ($): _____ **Or Percentage (%):** _____

Frequency:

- ☐ One-Time Deduction
- ☐ Recurring (Every Pay Period)
- ☐ Monthly

Start Date: _____ **End Date (if applicable):** _____

AUTHORIZATION & CONSENT

I hereby authorize my employer to deduct the amount specified above from my earnings each pay period, or as a one-time deduction as indicated, for the purpose described. I understand that this deduction is entirely voluntary. I acknowledge that it is my responsibility to ensure that my net pay is sufficient to cover this deduction. This authorization will remain in effect until the specified end date, or until I submit written notification to revoke or amend this consent, allowing sufficient time for processing.

Employee Signature: _____ **Date:** _____

HR / Payroll Representative: _____ **Date:** _____