



AUTHORIZATION FOR PAYROLL DEDUCTION

Contract No: _____

Employee Name: _____

I hereby authorize (Employer): _____ to process deductions listed below from my payroll check as follows:

1. Reason for Deduction: _____
Percentage/Amount of deduction: _____ Start date of deduction: _____
Frequency of deduction: Weekly Bi-weekly Monthly
Termination date of deduction (if any): _____

2. Reason for Deduction: _____
Percentage/Amount of deduction: _____ Start date of deduction: _____
Frequency of deduction: Weekly Bi-weekly Monthly
Termination date of deduction (if any): _____

3. Reason for Deduction: _____
Percentage/Amount of deduction: _____ Start date of deduction: _____
Frequency of deduction: Weekly Bi-weekly Monthly
Termination date of deduction (if any): _____

4. Reason for Deduction: _____
Percentage/Amount of deduction: _____ Start date of deduction: _____
Frequency of deduction: Weekly Bi-weekly Monthly
Termination date of deduction (if any): _____

Must be signed in "blue" ink

Employee Signature: _____

Date: _____

Please use this form for all payroll deductions