

Authorization for Payroll Deduction

COMPANY INFORMATION			
Company Name		Date	
Street Address		Suite/Unit #	
City	State	Zip	

EMPLOYEE INFORMATION			
Name		Date	
Street Address		Apartment/Unit #	
City	State	Zip	

DEDUCTION INFORMATION			
I, _____ hereby authorize _____ (Employee) (Company)			
to deduct the following from my payroll checks:			
Frequency	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Start Date of Deduction
			Termination Date of Deduction
Deduction			Amount
Savings			
Vacation			
Union Dues			
401K			
Health Insurance			
Employee Advance			
Employee Garnishment			
Other (Please specify)			
Other (Please specify)			
TOTAL DEDUCTIONS			

AUTHORIZATION SIGNATURE	
I understand that by signing below I am authorizing my employer to deduct the above from my payroll checks.	
Print Name	Title/Position
Employee Signature	Date