



PAYROLL DEDUCTION AUTHORIZATION FORM

Name: _____ Employee ID Number: _____

Phone Number: _____ E-mail Address: _____

I
hereby request \$ _____ to be deducted from my payroll check. This
(Total Amount)

authorization shall remain in effect until altered or cancelled in writing by me. The amount to be

deducted each month is \$ _____ . This deduction shall begin on

_____ and end on _____
(Date) *(Date)*

Employee Signature

Approved, Sr. Vice President of Finance & Administration