

PAYROLL DEDUCTION AUTHORIZATION FORM



5500 MYRON MASSEY BLVD, FAIRFIELD, AL 35064
BUSINESS OFFICE: (Phone) 205.929.1431; (Fax) 205.929.2598

Name: _____ Employee ID Number: _____

Phone Number: _____ E-mail Address: _____

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

_____. This 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 by:
Sr. Vice President of Finance & Administration