

## EMPLOYEE AUTHORIZATION FOR PAYROLL DEDUCTION

This is to authorize \_\_\_\_\_ to deduct the following from my payroll check:  
(Company Name)

| Payment of:               | \$ Amount | Frequency | Start Date | End Date |
|---------------------------|-----------|-----------|------------|----------|
| Loan                      | _____     | _____     | _____      | _____    |
| Retirement                | _____     | _____     | _____      | _____    |
| Advance                   | _____     | _____     | _____      | _____    |
| Savings                   | _____     | _____     | _____      | _____    |
| Savings Bonds             | _____     | _____     | _____      | _____    |
| Uniforms                  | _____     | _____     | _____      | _____    |
| Dependent Medical         | _____     | _____     | _____      | _____    |
| Dependent Dental          | _____     | _____     | _____      | _____    |
| Insurance Premiums        | _____     | _____     | _____      | _____    |
| Union Dues                | _____     | _____     | _____      | _____    |
| Profit Sharing            | _____     | _____     | _____      | _____    |
| Donations                 | _____     | _____     | _____      | _____    |
| Other (explain):<br>_____ | _____     | _____     | _____      | _____    |
| Other (explain):<br>_____ | _____     | _____     | _____      | _____    |
| Other (explain):<br>_____ | _____     | _____     | _____      | _____    |
| Other (explain):<br>_____ | _____     | _____     | _____      | _____    |
| Other (explain):<br>_____ | _____     | _____     | _____      | _____    |

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed or Typed Name: \_\_\_\_\_