

## Employee Payroll Deduction Authorization Form

Employee Name: \_\_\_\_\_ Employee/Payroll ID: \_\_\_\_\_

Deduction Effective Date: \_\_\_\_\_

### Payroll Deductions:

*Code	Deduction Type	Amount of Deduction	Comments/Notes

\*Code to be completed by Administration

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_