

PAYROLL DEDUCTION AUTHORIZATION

This is to authorize _____ to deduct from
(Name of Employer)
my paycheck \$ _____. * This is for item number(s): (circle item number(s)).

REPAYMENT OF:

- | | |
|--------------------------|---------------------------|
| 1. 401k | 14. Loan |
| 2. 401k Loan | 15. Profit Sharing |
| 3. Accident Ins | 16. Retirement |
| 4. Advance on Wages | 17. Roth 401k |
| 5. Cancer Ins | 18. Salary Advance |
| 6. Child Support | 19. Savings |
| 7. Credit Union | 20. Savings bonds |
| 8. Dental Ins | 21. Short-Term Disability |
| 9. Donations to Agencies | 22. Uniforms |
| 10. Garnishment | 23. Union Dues |
| 11. Health Insurance | 24. Vision Ins |
| 12. Hosp. Indem. Ins. | 25. _____ |
| 13. Insurance Premiums | (Other: please specify) |

***This deduction is to be made
(CHECK APPROPRIATE BOX)**

- One time only
- Weekly
- Bi-Weekly
- For _____ weeks
- _____

NAME _____

EMPLOYEE'S NAME
PRINTED OR TYPED: _____

EMPLOYEE'S
SIGNATURE: _____ DATE: _____

Other Notes: