

## **EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM**

**Contractor Name:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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

**Circle one:**

Weekly      Bi-Weekly      Monthly

**Payroll Deductions:**

- |   |         |       |
|---|---------|-------|
| <input type="checkbox"/> 401(k)         | % or \$ | _____ |
| <input type="checkbox"/> 401(k) Loan    | \$      | _____ |
| <input type="checkbox"/> Health         | \$      | _____ |
| <input type="checkbox"/> Employee Loans | \$      | _____ |
| <input type="checkbox"/> Other _____    | \$      | _____ |

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:** \_\_\_\_\_