

Payroll Deduction Authorization

Employee Name _____ Date ____/____/____

Department _____ Employee Number _____

Pay Frequency

Weekly Biweekly Semimonthly Monthly

Effective Date ____/____/____

REASON

DOLLAR AMOUNT

Medical Insurance (self) \$ _____

Medical Insurance (dependents) \$ _____

Life Insurance \$ _____

Dental Insurance \$ _____

Retirement \$ _____

Credit Union \$ _____

Dependent Care \$ _____

TOTAL \$ _____

I hereby authorize the above deductions.

Employee Signature _____ Date ____/____/____