

Payroll Deduction Authorization Form

EMPLOYEE INFORMATION

Employee Name

Employee ID

Department

Position

DEDUCTION DETAILS

Type of Deduction

Amount

Effective Date

End Date (if applicable)

Reason/Additional Details

AUTHORIZATION

I authorize my employer to deduct the above amount(s) from my payroll, as specified, until further notice or until the end date specified. I understand that this authorization will remain in effect until I provide written notice of change or cancellation.

Employee Signature

Date

Authorized Personnel Signature

Date