

ALAMOSA COUNTY PAYROLL DEPARTMENT  
AUTHORIZATION FOR PAYROLL DEDUCTION

DATE: \_\_\_\_\_

Effective \_\_\_\_\_ please deduct the following from my earnings.

Amount per pay period to deduct \_\_\_\_\_

To Be Paid To \_\_\_\_\_

Employee Name (please print) \_\_\_\_\_

Employee Signature \_\_\_\_\_