



# PAYROLL DEDUCTION AUTHORIZATION FORM

EMPLOYEE NAME:

Please discontinue my payroll deduction with:  
*Name of Company*

effective  
*Date*

Please start a new payroll deduction with  
*Name of Company*

effective  
*Date*

Amount \$

Please change my existing payroll deduction with  
*Name of Company*

effective  
*Date*

The new amount is \$

Date:

Signature:

Social Security Number

Please attach as a COPY not a LINK and submit to payroll by the 10th of the month. Thank you.