

Employee Voluntary Deduction Authorization Form

I have chosen to enroll in the payroll deduction program made available on a voluntary bases, I hereby authorize **All Wall Contracting, Inc. /All Wall EIFS, LLC**, my employer, to withhold from my compensation for the programs checked below for the corresponding, one time only deduction program or a continuous deduction program. The consent to participate in these programs in not a condition either for the obtaining of or for the continuation of employment.

One Time Continuous
Only

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Reconciliation of a Wage Advance - 29 CFR 3.5 § b |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Insurance Plan – 29 DFR 3.5 § d |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement Plan (IRA, 401K, or other pension plan) - 29 CFR 3.5 § d |
| <input type="checkbox"/> | <input type="checkbox"/> | Liability Insurance - 29 CFR 3.5 § d |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability Insurance - 29 CFR 3.5 § d |
| <input type="checkbox"/> | <input type="checkbox"/> | Vacation Plan (funded program) - 29 CFR 3.5 § d |
| <input type="checkbox"/> | <input type="checkbox"/> | Loan Repayment to Credit Unions - 29 CFR 3.5 § f |
| <input type="checkbox"/> | <input type="checkbox"/> | Union Dues - 29 CFR 3.5 § i |
| <input type="checkbox"/> | <input type="checkbox"/> | Tool Withholding, which is a directed benefit to me - 29 CFR 3.5 § j & k |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

Date: _____

(Print Name of Employee)

(Signature of Employee)