



## Payroll Deduction Authorization Form

Do not use this form for garnishment deductions or withholding tax changes.

### Employee Information (Required)

<b>Employee Name</b>
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<b>Status</b> <input checked="" type="checkbox"/> New	<b>Deduction Code</b> "C" Lab Coats	<b>Description</b> Additional Lab Coat
<b>Amount</b>	<b>Goal</b> \$0	<b>Take Deduction In</b> <input checked="" type="checkbox"/> Next Pay Period
<b>Comments/ Other</b>		

### Authorization

<b>I authorize Sound Inpatient Physicians to deduct from my pay as specified above.</b>			
<b>Employee Signature</b>	<b>Print Name</b>	<b>Telephone</b>	<b>Date</b>

**Print form and sign. Mail, scan or fax to People Support.**

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