

Company Name: _____

Employee Deduction Authorization

I, _____, hereby authorize the following deductions to be taken from my payroll check. It is understood that these deductions are: a) in the interest of the employee; b) not a condition of employment; c) no direct or indirect benefit accruing to the employer and d) not otherwise prohibited by law.

<u>Description</u>	<u>Amount</u>	<u>Frequency*</u>
Garnishment	_____	_____
Child Support	_____	_____
Medical Insurance	_____	_____
Life Insurance	_____	_____
401K/Retirement	_____	_____
Advance	_____	_____
Loan Payment	_____	_____
Tool Purchases	_____	_____
Uniforms	_____	_____
Other (identify deduction type(s))	_____	_____
TOTAL	_____	

*Frequency examples: One Time, Weekly, Bi-weekly, Monthly, ___times___per week, other

Employee Signature

Date

Last four of SSN

(You need to submit this document only one time per employee, unless changes in deduction type, amount or duration take place.)