

# PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE NAME: \_\_\_\_\_

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

DEPARTMENT NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

PAY FREQUENCY: \_\_\_\_\_

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

<u>REASON</u>	<u>AMOUNT</u>
<input checked="" type="checkbox"/> MEDICAL INSURANCE (SELF)	_____
<input type="checkbox"/> MEDICAL INSURANCE (DEPENDENTS)	_____
<input checked="" type="checkbox"/> LIFE INSURANCE	_____
<input checked="" type="checkbox"/> DENTAL INSURANCE	_____
<input type="checkbox"/> RETIREMENT	_____
<input type="checkbox"/> CREDIT UNION	_____
<input type="checkbox"/> DEPENDENT CARE	_____
<input type="checkbox"/> OTHER _____	_____
_____	_____
_____	_____
<b>TOTAL</b>	_____

I HEREBY AUTHORIZE THE ABOVE DEDUCTIONS.

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

\_\_\_\_\_  
Date