|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE NAME |  | DATE of FORM |  |
| EMPLOYEE ID |  | SSN |  | DATE EFFECTIVE |  |
| POSITION TITLE |  | DEPARTMENT |  |

**PAYROLL DEDUCTION FORM TEMPLATE **

**DEDUCTION DESCRIPTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **X** | **TYPE DESCRIPTION** | **%** | **AMOUNT** | **X** | **TYPE DESCRIPTION** | **%** | **AMOUNT** |
|  | 401(k) |  |  |  | OTHER |  |  |  |
|  | 401(k) LOAN |  |  |  | OTHER |  |  |  |
|  | HEALTH |  |  |  | OTHER |  |  |  |
|  | EMPLOYEE LOAN |  |  |  | OTHER |  |  |  |

**ADDITIONAL INFO**

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| --- |
|  |

**AUTHORIZATION**

I UNDERSTAND THAT THIS FORM AUTHORIZES THE REDUCTION OF GROSS PAY BY THE AMOUNT OF DEDUCTIONS INDICATED ABOVE. MY EMPLOYER IS AUTHORIZED TO DEDUCT A DIFFERENT AMOUNT SHOULD THERE BE A DEDUCTION CHANGE THROUGHOUT THE YEAR. THIS DOCUMENT AUTHORIZES THE CONTIUATION OF DEDUCTIONS TO THE NEXT YEAR SHOULD A NEW FORM NOT BE SUBMITTED BEFORE YEAR-END.

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE SIGNATURE |  | DATE |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PAYROLL REPRESENTATIVE |  | DATE |  |

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