



**PAYROLL DEDUCTION
FORM**
(Please Print)

NAME: _____

DEPARTMENT: _____

FUNDS DESIGNATED FOR: _____

SSN: XXX-XX-____ or **EMPLOYEE ID #:** _____

I _____, hereby
(Print your name here)

authorize the payroll department to deduct a total of \$ _____ from
my salary in _____ payments of \$ _____ each
_____ bi-weekly _____ monthly _____ quarterly _____ one-time payment. (Check one)

SIGNATURE: _____ **DATE:** _____

THANK YOU!