

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: _____ **SSN:** _____

Deduction Effective Date: _____

Payroll Deductions:

- 401(k) % or \$ _____
- 401(k) Loan \$ _____
- Health \$ _____
- Employee Loans \$ _____
- Other _____ \$ _____

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

Employee Signature: _____ **Date:** _____