

PAYROLL DEDUCTION AUTHORIZATION

| EMPLOYEE NAME | | | EMPLOYEE ID NUMBER |
|---------------|--|--|--------------------|
| | | | |

(LAST NAME)

(FIRST NAME)

(MIDDLE INITIAL)

| SSN | DATE OF BIRTH | ACCOUNT NUMBER |
|-----|---------------|----------------|
| | | |

| WORK PHONE | PERSONAL PHONE | EMPLOYER NAME |
|------------|----------------|---------------|
| | | |

| PAY FREQUENCY | (X) |
|---------------|-------|
| WEEKLY | |
| BI-WEEKLY | |
| SEMI-MONTHLY | |
| MONTHLY | |
| OTHER | |

| List amounts to allocate to the following accounts: | |
|---|---------------|
| ACCOUNT | AMOUNT (\$) |
| (00) | |
| CHK | |
| LOANS | |
| OTHER | |

AUTHORIZATION

| | |
|--|--|
| I hereby authorize the Payroll Department of my employer to make regular deductions each payroll period from my payroll / salary / allotment in the amount of: | |
|--|--|

(ENTER AMOUNT, ABOVE)

| | |
|---|--|
| The amounts will be credited, upon receipt, by: | |
|---|--|

(ENTER COMPANY NAME)

| | |
|---|--|
| This payroll allocation request should begin: | |
|---|--|

(ENTER DATE)

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

| FOR ACCOUNTING DEPARTMENT USE, ONLY | DATE OF RECEIPT | DATE OF UPDATE | UPDATED BY |
|-------------------------------------|-----------------|----------------|------------|
| | | | |

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