AUTHORIZATION FOR PAYROLL DEDUCTION

To: Payroll and Benefits Coordinator

Please use this as your authorization to deduct $_____ per week/month from

my payroll check each week/month beginning on _____

through _____ for a total of $_____.

SIGNED: _____

PRINT NAME:_____

SS#:   _____

DATE: _____

SUPERVISOR APPROVAL:_____

DATE:_____