**Payroll Deduction Authorization Form**

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Job Title:** |  | **Date:** |  |

**Deduction Details**

| **Type of Deduction** | **Description / Purpose** | **Amount (USD)** | **Frequency** | **Start Date** | **End Date** |
| --- | --- | --- | --- | --- | --- |
| ☐ Loan Repayment |  |  | ☐ One-Time ☐ Monthly ☐ Biweekly |  |  |
| ☐ Health Insurance |  |  | ☐ One-Time ☐ Monthly ☐ Biweekly |  |  |
| ☐ Retirement Contribution |  |  | ☐ One-Time ☐ Monthly ☐ Biweekly |  |  |
| ☐ Uniform / Equipment |  |  | ☐ One-Time ☐ Monthly ☐ Biweekly |  |  |
| ☐ Other (Specify) |  |  | ☐ One-Time ☐ Monthly ☐ Biweekly |  |  |

**Authorization Statement**

I hereby authorize the payroll department to deduct the amounts listed above from my wages as specified. I understand that these deductions will continue until the total amount is paid or until I submit a written request to cancel or modify this authorization.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HR/Payroll Officer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Payroll Department Use Only**

| **Payroll Officer** | **Verified By** | **Effective Pay Period** | **Notes** |
| --- | --- | --- | --- |
|  |  |  |  |