**PAYROLL DEDUCTION AUTHORIZATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorize (district name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ payroll department to deduct $\_\_\_\_\_\_\_ from my check after tax.

This deduction will be for the next \_\_\_\_\_\_\_\_\_\_\_ pay periods and ends on the \_\_\_\_\_\_\_\_\_\_\_ pay period.

OR

This is a one time a one-time deduction from my wages for \_\_\_\_\_\_\_\_\_\_\_ pay period.

I request this/these deductions for the following reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below, I authorize our payroll department to complete these deductions as outlined and if I want to make a change to this I will do so, in writing.

Employee Signature

Date