
Payroll Deduction Form PDF

Employee Information

- Name: _____
- Employee ID: _____
- Department: _____
- Position: _____
- Email: _____
- Phone Number: _____

Deduction Information

- Type of Deduction: _____
- Reason for Deduction: _____
- Amount of Deduction: _____
- Deduction Frequency: _____
- Weekly Bi-Weekly Monthly Other: _____

Authorization

I hereby authorize [Company Name] to deduct the above amount from my payroll as specified. I understand this authorization will remain in effect until I cancel it in writing.

Signature: _____

Date: _____

Office Use Only

Approved by: _____

Date: _____