

# PAYROLL DEDUCTION AUTHORIZATION FORM

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

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

## Authorization Details:

I hereby authorize my employer to deduct from my wages the following amounts:

Deduction Type	Amount (USD)	Frequency	Effective Immediately
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This authorization is to remain in effect until revoked by me in writing and delivered to the payroll department.

## Employee Acknowledgment:

I understand that the amounts deducted pursuant to this authorization will be remitted by my employer to the designated payee(s) or account(s) in a timely manner. I also acknowledge that it is my responsibility to provide accurate information and to notify my employer promptly of any changes to the deductions authorized herein.

## Legal Compliance and Enforcement:

This Payroll Deduction Authorization Form is legally binding and enforceable under United States law. Any disputes arising from this authorization shall be governed by applicable federal and state laws. Employee rights regarding payroll deductions are protected under the Fair Labor Standards Act (FLSA) and other relevant statutes. Unauthorized deductions are prohibited. Employee may revoke this authorization at any time with prior written notice to the employer.

**Employee Signature**

**Employer Representative Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

**Company Contact Information:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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