

# AUTHORIZATION OF PAYROLL DEDUCTIONS

I, \_\_\_\_\_ (*Employee's Name*), hereby  
authorize \_\_\_\_\_ (*Company's Name*)  
to deduct the following amount(s) from my weekly earnings in the following  
categories:

Purpose	Amount	Authorization Expires
1. Health Insurance	_____	_____
2. Intensive Care Insurance	_____	_____
3. Cancer Insurance	_____	_____
4. Uniforms	_____	_____
5. Child Support	_____	_____
6. Garnishment Payments	_____	_____
7. Christmas Fund	_____	_____
8. Savings Account	_____	_____
9. Other (Specify) _____	_____	_____
TOTAL	_____	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type or Write Name

\_\_\_\_\_  
Date