

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

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