YOUR COMPANY NAME
Provider of Healthcare Personnel
Your Address
Your Phone number and email address
www.companywebsite.com

PAYROLL DEDUCTION AUTHORIZATION

The undersigned hereby authorizes _____ to deduct

$_____ from my gross earnings each payroll period beginning_____

itemized as follows:

In payment for:	Amount
____ Credit Union	_____
____ Employee Savings Plan	_____
____ 401 K Plan	_____
____ Union Dues	_____
____ _____	_____
____ _____	_____
____ _____	_____
____ _____	_____
Total $	_____

Signature_____

Date_____

Print Name_____

Social Security No._____

Please keep a copy of this for your records.