EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Contractor:_____

Employee Name:_____**Last 4-SSN**:_____

Deduction Effective Date: _____

Payroll Deductions:

- ❑ 401(k) _____% or $_____
- ❑ 401(k) Loan $_____
- ❑ Health $_____
- ❑ Employee Loans $_____
- ❑ Other _____ $_____
- ❑ Other _____ $_____
- ❑ Other _____ $_____
- ❑ Other _____ $_____

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change a new payroll deduction authorization form will be provided.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

_____ _____

Employee Signature Date