## Payroll deduction authority form

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| --- | --- |
|  Employee name: |  |
| Employee title: |  |
| Employer name: | Employer name |

The employer and employee agree that a deduction totalling amount for the purpose of purpose will be deducted from the employee’s wages.

This will be effected as follows: a one-off deduction of amount will be made on pay period **OR** number recurring deductions of amount will be made on pay periods

The employee acknowledges by signing below that they have read and understood this document and agree to the above deduction/s being made. The employee further agrees that the deduction/s are made for the employee’s benefit and in order to discharge a liability to Employer name.

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| --- | --- | --- | --- |
| Employee signature: |  | Date: |  |
| Employer representative name |  |  |  |
| Signature: |  | Date: |  |