

Payroll deduction authority form

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.

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

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