



Employee Payroll Deduction Authorization Form

Employee Name: _____

Employee Badge Number: _____

Deduction Effective Date: _____

Payroll Deduction Amount : \$ _____

I agree that my gross monthly pay will be reduced by the monthly amount of my deduction as indicated above. In the event of a deduction change, my employer is authorized to deduct the new amount from my pay.

I agree that I will write a written request by email to bhy.wenatchee@gmail.com when I wish to cancel my payroll deduction.

Signature _____

