## EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Date: October 24, 2013	
Employee Name: <u>Joe Test</u>	SSN: <u>009-00-1234</u>
I, <u>Joe Test</u> hereby authorize <u>CPS/CAPS Construction</u> , <u>Inc.</u> t	to deduct from my wages for the following:
Payroll deduction(s):	
<ul> <li>401(k) % or \$</li> <li>Health Insurance \$</li> <li>Payroll Saving Plan \$</li> <li>Christmas Club \$</li> <li>Payroll Advance \$</li> <li>Union Dues \$</li> <li>Uniforms \$</li> </ul>	<ul> <li>401(k) Loan % or \$</li> <li>Life Insurance Premium \$</li> <li>United Way Contribution \$</li> <li>Credit Union \$</li> <li>Vacation Pay Advance \$</li> <li>Loan Repayment \$</li> <li>Parking fees \$</li> </ul>
Employee Purchases (define items purchased, dollar amoun Saw \$599.89	10/01/2013 Company Home Depot
	Credit Card
I agree that my gross pay will be reduced by the amount \$100.00 per week, beginning date until the total amount of \$599.89 amount has been deducted. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.  I understand and acknowledge the deduction may not be made if I have insufficient income during a pay period.  I understand and acknowledge that payroll tax withholding take priority over these deductions.  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.  In the event that my employment ends for any reason before the final deduction is made, the entire balance  May be withheld from my final wages  May not be withheld from my final wages	
Employee Signature:  Date Signed:	
FOR PAYROLL USE: Date Received: date Received by: Nancy Smyth, Payroll Administrator Payroll Date Effective: date	<u>r</u>