Payroll Deduction Authorization

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name: | | Employee #: | | Date: |
| I authorize Superior Service Transport to deduct funds from my paycheck as follows: | | | | |
|  | - One time deduction of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| - Bi-weekly installments of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ beginning on \_\_\_\_\_\_\_\_\_ and  ending on \_\_\_\_\_\_\_\_\_\_ | | | |
| - Monthly installments on the  5th or  20th of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  beginning on \_\_\_\_\_\_\_\_\_ and ending on \_\_\_\_\_\_\_\_\_\_ | | | |
| Reason(s) for the deduction(s): | | | | |
| Employee Signature: | | | Signature Date: | |
| Supervisors Signature: | | | Signature Date: | |
| Processed in Payroll | | | Date: | |

Distribution:

- Original to HR Department/Payroll

- Copy to Employee

- Copy to Supervisor File