

Payroll Deduction Authorization Form

Return by fax: 317.469.4700 or scan and email to payroll@aspirecpas.com

SECTION 1

Client Information

Client Company: _____

SECTION 2

Authorization

I authorize on behalf of client company to withhold from my gross earnings the amount listed below:

Per Pay Deduction Amount: \$ _____

Total Amount of Deduction: \$ _____

The Total Amount of Deduction will be deducted over a period of _____ Pay Periods.

Check Date to be Effective: _____

Reason for Deduction: _____

Authorization for Payroll Deduction:

I authorize this deduction from my gross wages as indicated above.

<u>Type of Deduction</u>	<u>After Tax</u>	<u>Pre-Tax</u>	<u>ER Contribution</u>
_____	_____	_____	_____
_____	_____	_____	_____

Revoke authorization for the deduction listed below:

<u>Type of Deduction</u>	<u>Amount</u>	<u>Check Date to be Effective</u>
_____	_____	_____
_____	_____	_____

Employee Name: _____

Employee Signature: _____

Date: _____

Social Security Number: ____/____/____

Employer Name: _____

Employer Signature: _____

Date: _____