AUTHORIZATION FOR PAYROLL DEDUCTION

Contractor: _____   Bid Number: _____

Employee Name: _____

I hereby authorize _____ to process deductions listed below from my

payroll check as follows:

1. Reason for Deduction: _____
   Start of Deduction: _____ End of Deduction: _____
   Percentage/ Amount of deduction: _____
   Frequency of deductions: Per Hour ☐   Weekly ☐   Monthly ☐   One time only ☐

2. Reason for Deduction: _____
   Start of Deduction: _____ End of Deduction: _____
   Percentage/ Amount of deduction: _____
   Frequency of deductions: Per Hour ☐   Weekly ☐   Monthly ☐   One time only ☐

3. Reason for Deduction: _____
   Start of Deduction: _____ End of Deduction: _____
    Percentage/ Amount of deduction: _____
   Frequency of deductions: Per Hour ☐   Weekly ☐   Monthly ☐   One time only ☐

4. Reason for Deduction: _____
   Start of Deduction: _____ End of Deduction: _____
   Percentage/ Amount of deduction: _____
   Frequency of deductions: Per Hour ☐   Weekly ☐   Monthly ☐   One time only ☐

5. Reason for Deduction: _____
   Start of Deduction: _____ End of Deduction: _____
   Percentage/ Amount of deduction: _____
   Frequency of deductions: Per Hour ☐   Weekly ☐   Monthly ☐   One time only ☐

Employee Signature: _____   Date: _____