

PAYROLL DEDUCTION AUTHORIZATION

The undersigned hereby authorizes

to deduct \$ _____

from my gross earnings each payroll period beginning _____,

for the following:

In payment for:

Amount:

_____ Employee Savings Plan

_____ . ____

_____ Pension Plan

_____ . ____

_____ Health Insurance

_____ . ____

_____ . ____

_____ . ____

_____ . ____

Total \$ _____ . ____

Signature _____ Date _____

Print Name _____

Social Security Number _____

Please keep a copy of this for your records.