

Voluntary Deduction Authorization Statement

Date:

Employee Information

Employee Name:

Employee ID / Number:

Department:

Contact Number:

Deduction Details

Description of Deduction	Amount	Frequency	Start Date	End Date (if applicable)
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Purpose / Remarks:

Authorization

I hereby authorize

 (Employer/Payroll Dept.) to deduct the amount(s) specified above from my salary/wages, in accordance with the terms stated, until such time as the deduction is fulfilled or revoked in writing by me.

Employee Signature:

Date:

Authorized HR/Payroll Representative:

Date:

Important Notes

- This authorization is voluntary and may be revoked in writing at any time, subject to the processing timeline of the payroll department.
- All information provided must be accurate and will be used solely for processing the requested deduction.
- Deduction adjustments or cancellations must be communicated promptly to avoid unintended payroll actions.
- Keep a copy of this signed authorization form for your records.