

## ***ONE TIME PAYROLL DEDUCTION FORM***

Employee Name: \_\_\_\_\_

Payroll Date: \_\_\_\_\_

**Deduction Reason**

**Deduction Amount**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Total: \$** \_\_\_\_\_

I authorize to have the above amount voluntarily deducted from my payroll.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_