



Payroll Deduction Authorization Form

Employee Name: _____

Effective Date: _____

Type of Deduction	Total Requested Amount	Deduction Amount Per Pay Period
Logo Wear		
Other:		
Other:		

I hereby authorize LifeWays to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck. This authorizes my employer to retain the entire amount of my last paycheck in compliance with the law. I further understand and agree that deductions will be made after any federal or state requirements as well as for any LifeWays programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Employee Signature: _____

Date: _____

Payroll Processing:

<input type="checkbox"/> Request is approved <input type="checkbox"/> Request is denied	H.R. Signature:	Processing Date:
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