

EMPLOYEE NAME: _____

Payroll Deduction Request

Please complete this section to request new payroll deductions.

| TYPE OF DEDUCTION (For example, 403b) | AMOUNT OF DEDUCTION PER PAY PERIOD | EFFECTIVE DATE | DOLLAR LIMIT (IF ANY) |
|---------------------------------------|------------------------------------|----------------|-----------------------|
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Payroll Deduction Change

Please complete this section to make any changes to existing deductions.

| TYPE OF DEDUCTION (For example, 403b) | PREVIOUS DEDUCTION AMOUNT PER PAY PERIOD | NEW DEDUCTION AMOUNT PER PAY PERIOD | EFFECTIVE DATE | DOLLAR LIMIT (IF ANY) |
|---------------------------------------|--|-------------------------------------|----------------|-----------------------|
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Deductions can only be authorized or changed through use of this form. This deduction will be in effect as stated until a revised form is completed or until the above stated DOLLAR LIMIT, if any, is reached.

SIGNATURE: _____

DATE: _____