## **Payroll Deduction Authorization**

Grant Recipient:	
LCDBG Contract #:	
Employee Name:	
Employer Name:	
One box should be marked with an "x". Occasionally more than one box will be marked. In addition to deductions authorized by law, such as social security and income taxes, the following deduction(s) will be subtracted from the employee's paycheck(s)	
I authorize weekly deduction(s) as described below.	
I authorize a one-time deduction(s), as described below.	
I authorize deduction(s), below, to be subtracted from my payche	ck for weeks.
Description of Additional Deductions*	Amount

**Employee Signature** 

Date

\*Types of deductions may include retirement, health insurance, uniforms, loans and advance on wages. Deductions for garnishments, such as court orders and child support, may be authorized by this form or an appropriate legal document.