



# Commonwealth of Massachusetts

## PAYROLL DEDUCTION AUTHORIZATION

**INSTRUCTIONS:** Employees should complete this form and submit it to their department's payroll unit.

Please check one of the following			
		New Deduction	Change Deduction
<b>Please remit my payroll deduction to</b>			
Vendor		Vendor ID Payroll Department Use Only	
Current Amount	New Amount		Policy/Account Number
<b>Address</b>			
Street		City	State Zip
Total Payroll Deductions	Limited Balance If Applicable		Frequency
Agency/Department Employer			
<b>Employee Information</b>			
Name		ID	Bargaining Unit
Phone Number			
<b>Employee Address</b>			
Street		City	State Zip
I hereby authorize my Employer, named above, to deduct from my salary and to remit to the above named Vendor until further notice the amount at the frequency identified above.			
It is understood that my Employer will forward the said payments to the Vendor during the continuance of my employment by said Employer or until this authorization is revoked by me with sixty days notice in writing to the said Employer.			
I understand that my Employer is responsible for the correct remittance of said payment to the above named Vendor.			
Employee Signature			Date

Submit this form to your department's payroll unit.