

Payroll Authorization Form

Please return this form to your agency's Payroll Office.

I (employee's name) _____ of (employees social security number)
_____ and of this address (employee's daytime phone number)

and duly employed as (employee's ID No.) _____ Hereby make this payroll
authorization form.

I wish to apply for an account (indicate type) _____ and as a result, I hereby
authorize that the sum of (indicate amount) _____ Is to be (state action
i.e. start deduction, change deduction etc) _____ for each pay
period.

(Description of the funds allocation)

I therefore authorize that the funds under (state account name) _____ and
subsequent account number (indicate here) _____

under the name (indicate fund name) _____ and

(share class) _____

to be deducted on my payroll.

Signed (employees name and signature) _____ Date _____