



Voluntary Payroll Deduction Authorization Form

Requested Effective Date: ___/___/___

Employee Name (printed): _____ Employee SSN: _____

Payroll Deduction Reason: Day Care Other (list reason): _____

Deduction Amount

_____ (initials) The amount of my child(ren)'s day care balance that was recorded during the same pay period for which the deduction is being made (including up to the entire amount of the paycheck if needed).

OR

\$ _____ Total Deduction Amount per Pay Period (biweekly - 26 pay periods in a year) (this will be the same amount every pay period.)

OR

_____ (initials) As much as needed to meet current account balances (including any amount up to and including the entire amount of the paycheck if needed).

OR

_____ (initials) An agreed to amount which may or may not vary each paycheck. Such variances must be reported to HR before the end of the pay period (every other Sunday).

I hereby authorize AGC 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 AGC, if needed, to retain any amount up to and including the entire amount of my paycheck in compliance with labor laws.

I further understand and agree that deductions will be made after any mandatory taxes as well as for any employer programs for which I have enrolled, for which I am eligible, or to which I have agreed.

Employee Signature: _____ Date: ___/___/___