**Add logo here

Authorization for Payroll Deduction**

Complete this form to initiate, terminate, or change a payroll deduction, and submit the completed form to your payroll office.

**A separate form must be completed for each transaction.**

|  |  |
| --- | --- |
| **EMPLOYEE NAME:** | **DATE:** |

I hereby authorize (“the practice”) to initiate a

[ ]  Initiate payroll deduction [ ]  Terminate payroll deduction [ ]  Change payroll deduction

As appropriate based on the box I have checked above:

I understand that if I am initiating or changing a payroll deduction, the deduction may not be made if I have insufficient income in a pay period to cover this and all other required (eg, taxes and FICA) and authorized deductions and will not hold **[practice name]** liable for any deductions not made.

I understand that it is my responsibility to pay the below amounts, and if there is insufficient income in a pay period to cover deductions and the practice pays for a certain benefit on my behalf, the practice reserves the right to recoup my portion from my subsequent paycheck, or to demand or debit such amounts to be paid by me.

I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination, and I will not hold **[practice name]** liable for any deductions made. It will be my responsibility to collect from the organization any overpayment that may result.

I understand that if I am changing a payroll deduction, the change may not take effect during the current payroll cycle due to the time needed to process the change, and I will not hold **[practice name]** liable for any deductions. It will be my responsibility to collect from the organization any overpayment or pay to the organization any short payment that may result.

|  |  |
| --- | --- |
| **Name of organization to receive the payroll deduction:** |  |

NOTE: A separate form must be completed for each organization.

|  |  |
| --- | --- |
| **Dollar amount or percent to be deducted each pay period:**  |  |

|  |  |
| --- | --- |
| **For changes only**, **the current dollar amount or percent deducted each pay period:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Team member signature:** |  |  | **Date:** |  |

**FOR PAYROLL USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Entered by:** |  |  | **Date:** |  |

**Disclaimer:** While the information and guidance provided in this document is believed to be current and accurate at the time of posting, it is not intended to be and should not be construed to be or relied upon as legal, financial, or consulting advice. Before use, each document should be tailored to the unique nature of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



© 2023 American Medical Association. All rights reserved.