PAYROLL DEDUCTION AUTHORIZATION

SUBRECIPIENT:	Cor	ntract No:		
CONTRACTOR NAME:				
EMPLOYEE's CERTIFIC	ATION:			
I,	hereby authorize(contractor name)			
(employee name)		(contractor name)		
to deduct \$	from my paycheck.			
This deduction pays for: (Mark	all appropriate types)			
☐ Loan Repayment	Retirement	☐ Profit Sharing	Advance	
☐ Uniforms	☐ 401K	Tools	☐ Materials	
☐ Charitable Donations	☐ Insurance Premiums	☐ Savings Bonds	☐ Union Dues	
Other:				
When does this deduction happ	pen? (Mark all appropriate times)			
☐ One time only	☐ Weekly ☐ M	onthly times	for weeks	
Other:				
Employee's Name:				
Address:				
City:		State:		
Zip:	_ Telephone Number: ()			
Employee's Signature:		Date:		
OWNER'S CERTIFICATION	ON:			
I,	hereby certify that	the voluntary deductions a	ate:	
(Project Owner/ Contri	actor)	·		
will not reduce the hourly https://www.dol.gov/agene		w the federal minimum ho	ourly rate of \$7.25.	
Employer's Name:				
Address:				
City:		State:		
Zip:	Telephone Number: ()			
Employer's Signature:		Date:		