



## Voluntary Payroll Deduction Authorization Form

**Human Resources Office, Whitehall Township**

*This form is to be completed when an employee wishes to change a voluntary payroll deduction. Submission of the form to Human Resources will result in a change to directly initiate, change, or terminate voluntary deductions in your paycheck. Consent must be submitted to start, stop, or change the amount of any voluntary deduction in order to achieve the highest level of compliance with the Fair Labor Standards Act.*

<b>Date Created:</b>	
<b>Employee Information</b>	
<b>Employee Name:</b>	
<b>Employee ID:</b>	
<b>Job Title:</b>	
<b>Department:</b>	
<b>Deduction Information:</b>	
<b>What would you like to do?</b>	<input type="checkbox"/> Initiate a Deduction <input type="checkbox"/> Change a Deduction <input type="checkbox"/> Terminate a Deduction

Type	Frequency	Current Amount	Requested Amount
Union Dues - Police Bargaining Unit	Bi-Weekly		
Union Dues – Teamsters Local 773	Monthly		
Police Emergency Fund	Bi-Weekly		
Flexible Spending Account, Section 125 Pre-Tax*	Bi-Weekly		
Dependent Care Spending Account, Section 125 Pre-Tax*	Bi-Weekly		
Sunshine Fund	Bi-Weekly		
Newport 457(b) Plan	Bi-Weekly		
Newport Roth 457 (b) Plan	Bi-Weekly		
Blackrock CollegeAdvantage 529	Bi-Weekly		
Aflac Products*	Bi-Weekly		

\* = This plan is subject to restriction and limitation. You may not be able to change deductions based on plan rules or legislation.

<p><b>Employee Authorization</b></p> <p>1.) I hereby authorize the Human Resources Office of Whitehall Township to initiate, terminate, or change a payroll deduction based on my selection above.</p> <p>2.) I understand that if I am terminating a payroll deduction, the deduction might still be taken during the current payroll cycle due to the time needed to process the termination.</p> <p>3.) I understand that, if I am changing a payroll deduction, the change might not take effect during the current payroll cycle due to the time needed to process the change.</p>
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**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Human Resources Approval:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**HR NOTES:**

Date of Update: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Change will Take Effect: \_\_\_\_/\_\_\_\_/\_\_\_\_