



The Fortune Society
BUILDING PEOPLE, NOT PRISONS

29-76 Northern Blvd
Long Island City, NY 11101
tel. 212.691.7554
fax. 212.633.6845
www.fortunesociety.org

AUTHORIZATION FOR VOLUNTARY PAYROLL DEDUCTION General Staff

Employee Information

Employee Name: _____
Employee Tax ID/Social Security Number: _____
Employee Address: _____
Employee Contact: Number: _____

Payroll Deduction Information

Payroll Deduction Start Date (mm/dd/yyyy): **11/01/2019**

Payroll Deduction Type:

Please select one checkbox option below to indicate the type of payroll deduction to be initiated

- Employee Benefits
 Event-Related Deduction
 Other (please specify) _____

Total Deduction Amount: **\$100**
\$20 will be deducted over five pay periods.

Employee Authorization

I hereby authorize my employer to initiate the above checked and indicated amount from my gross pay. I understand and agree I am responsible for satisfying the total amount indicated above. I understand that in the event of termination of employment or voluntary leave the remaining balance will automatically become due and will be deducted from my final paycheck in accordance and compliance with the law. I understand and agree to the terms set forth herein.

Employee Signature: _____ Date: _____