

**1440  
FUND**

# Employee Deduction Authorization Form

As an Employee First company, we understand that emergencies by nature are unexpected and can cause a tremendous financial burden on our employees. With this in mind, we have sponsored an impactful way for employees to help themselves and each other during times of unforeseen hardship.

**Date** \_\_\_\_\_

**Full Legal Name** \_\_\_\_\_

**Company** \_\_\_\_\_

**Location** \_\_\_\_\_

**Deduction Amount** \_\_\_\_\_

**Please note: Deductions will be post-tax and will be withheld each paycheck. The minimum amount of a per paycheck deduction is \$1.**

**Biweekly deduction**

**One-time deduction**

My signature below authorizes CSIG to reduce my pay by the amount noted on this Employee Deduction Authorization Form. Furthermore, I understand it may take two (2) pay periods for any changes to reflect in payroll and it is my responsibility to communicate any changes in writing to the EmPower HR Service team.

**Employee Signature** \_\_\_\_\_

**Please submit the completed form to [internal@empowerhr.com](mailto:internal@empowerhr.com)**

**INTERNAL USE ONLY:**

**Processed By** \_\_\_\_\_

**Date** \_\_\_\_\_