



## Payroll Deduction/Addition Authorization Form

This form hereby authorizes Giving Tree Senior Care Options LLC to deduct \$\_\_\_\_\_ per pay period from employee's gross earnings for the items listed below.

Payroll Deduction Start Date: \_\_\_\_\_

	<b>Amount</b>
Health Insurance	\$ _____
Dental Insurance	\$ _____
Life Insurance Additional	\$ _____
Other: _____	\$ _____

Upon termination, any remaining amount owed for that month will be taken from the employee's last pay check.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Date \_\_\_\_\_

Copy to: Personnel File  
Payroll File