**PAYROLL DEDUCTION AUTHORISATION**

The undersigned hereby authorises [YOUR COMPANY NAME] to deduct [AMOUNT] from my gross earnings each payroll period beginning, the following:

**In payment for: Amount:**

 Medical Aid

 Employee Savings Plan

 Pension Plan

**Total**

**Signature** **Date**

**Print Name**

**Identity Number**

Please keep a copy of this for your records.