

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name _____ Employee ID Number _____
Last First Middle

I hereby authorize the State of Ohio to make the following Deduction from my earnings:

New Authorization Change Cancellation Do Not Wish to Enroll

- Medical Insurance (Complete Health Care Form) Single Family
- Insurance
- Charity Pledge
- Union Deduction (No Need to Fill in Amount Below)
- Credit Union (Complete Credit Union Membership Form)
- City Income Tax
- Savings Bond (Complete US Savings Bond Card)
- Other _____

DEDUCT: % or Amount _____ Effective Date _____
PAYABLE TO: _____ Deduction Code _____

Employee Signature _____

PAYROLL OFFICER
PAYROLL NUMBER _____
WORK LOCATION _____
DATE _____
SIGNATURE _____

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EMPLOYEE INSTRUCTIONS

1. Return this card to your payroll officer
2. Health Insurance, Dental Insurance, and US Savings Bonds require additional enrollment forms which you must also return to your payroll officer.
3. Employees in union positions (non-exempt) will have a service fee automatically deducted from their pay check and sent to the union. If you wish to join the union, check the union membership block on this card.
4. For all other deductions, indicate the name of the provider who should receive your donation.

PAYROLL OFFICER INSTRUCTIONS

1. Insert the deduction amount and deduction code on the payroll journal.
2. Send Health and Dental enrollment cards to Benefits Administration.
3. Send US Savings Bond enrollment cards to Payroll Deductions.

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