

### AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name \_\_\_\_\_ Social Security 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
- 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 \_\_\_\_\_

PDF copies will not be processed.  
Form must be ordered from State Printing  
Main Copy Center

Revision Pending

### **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 deduction.

### **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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