

# BROOKFIELD LOCAL

## Start/Stop Payroll Deduction Authorization

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START     CHANGE     STOP

\_\_\_\_\_

Deduction Name

\_\_\_\_\_

Employee Social Security #

\_\_\_\_\_

Date

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

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Starting or Changing a Deduction:

The Amount to Deduct each pay period \$ \_\_\_\_\_ or monthly \$ \_\_\_\_\_

NOTE: Any authorization to withhold from the salary or wages of an employee shall terminate and such withholding shall cease upon the happening of the following events:

1. Termination of employment
2. Written notice by the employee of cancellation of such former authorization

Stopping a Deduction:

Please discontinue the deduction stated above which is now being made from my paycheck. This revocation is to be effective after the date on this form.

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Signature