



HISTORIC
LANDMARKS
FOUNDATION OF
INDIANA

Deduction Authorization Form

I hereby authorize Historic Landmarks Foundation of Indiana to debit from my payroll check in the amount of _____.

This deduction is for _____ and is a:

- _____ One Time Deduction (we will deduct for one pay period only in the amount specified).
- _____ Annual Deduction (we will deduct specified amount over 24 pay periods).
- _____ Goal Limit Deduction (we will deduct specific amount up to specified goal limit only).

If setting up a goal limit, please indicate the total amount that is to be deducted from your payroll check _____.

This authority is to remain in full force and effect until written notice is received by me to change or terminate this arrangement.

Employee
Name _____ Date _____

Employee
Signature _____