

Payroll Processing Authorization Agreement

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Department: [Insert Department]

To Whom It May Concern,

I, [Employee Name], hereby authorize [Company Name] to process my payroll and any associated deductions as specified in my employment agreement.

I understand that my payroll will be processed on a [Weekly/Bi-weekly/Monthly] basis, and that I will receive my pay via [Direct Deposit/Cheque].

This authorization will remain in effect until further notice or until my employment with [Company Name] is terminated.

Signature:

[Employee Signature]

Date:

[Insert Date]

For Payroll Department Use Only

Received By: [Insert Name]

Date Received: [Insert Date]

This document serves as a formal agreement between the employee and the payroll department of [Company Name].