



AUTHORIZATION FOR PAYROLL DEDUCTION

EMPLOYEE INFORMATION	
Name	Effective Date of Change
DEDUCTION	
<input type="checkbox"/> Stop 401(k) deduction for Bonus Checks	
<input type="checkbox"/> Stop 401(k) deduction (Will not resume until open enrollment)	
<input type="checkbox"/> Stop Monthly Contribution to CCO, Inc. (Non-Profit Organization)	
<input type="checkbox"/> Deduct Payment for ND Driving Record.	\$ _____
<input type="checkbox"/> Deduct Payment for Out of State Driving Record. Must sign consent form. Please specify the state: _____	\$ _____
<input type="checkbox"/> Deduct Payment for Damage to Property	\$ _____
<input type="checkbox"/> Deduct Payment for Community Options Clothing	\$ _____
<input type="checkbox"/> Deduct Payment for Insurance Adjustment (Pre-Tax) (Possible Payment Schedule Attached)	\$ _____
<input type="checkbox"/> Deduct Payment for HSA Adjustment	\$ _____
<input type="checkbox"/> CCO, Inc. (Non-Profit Organization)	\$ _____
Circle One: Monthly Donation* / One-Time Donation	
*Monthly Donation will be in effect until the Employee changes it.	
<input type="checkbox"/> Other	\$ _____
Comments(8 lines or less):	
AUTHORIZATION	
I authorize Community Options Inc. to deduct or stop the above deduction from my monthly paycheck.	
_____	_____
Employee Signature	Date of Signature