

CITY OF NEW HAVEN
AUTHORIZATION OF PAYROLL DEDUCTIONS
AND CHANGES IN DEDUCTIONS
FORM PR6



DEPARTMENT: _____ EFFECTIVE DATE: _____

NAME: _____ EMPLOYEE #: _____
LAST NAME FIRST NAME MIDDLE INITIAL

START DEDUCTION:

I hereby authorize you to deduct

Said amount from my paycheck

Until further notice from me, for:

Oldham Resource Group

(name of deduction or company)

\$ _____
AMOUNT PER CHECK

CHANGE DEDUCTION AMOUNT:

I hereby authorize you to change the

Amount of my regular deduction from

My paycheck until further notice from

Me, for:

Oldham Resource Group

(name of deduction or company)

\$ _____ \$ _____
FROM TO

DISCONTINUE DEDUCTIONS:

I hereby authorize you to discontinue

Deducting from my pay for said amount

For:

Oldham Resource Group

(name of deduction or company)

\$ _____
AMOUNT PER CHECK

SIGNATURE OF EMPLOYEE _____

DATE

SIGNATURE OF AGENT OR
REPRESENTATIVE