

Community Connection of Northeast Oregon, Inc.

**PAYROLL DEDUCTIONS**

I, \_\_\_\_\_ hereby authorize Community Connection of Northeast Oregon, Inc. to deduct the following from my paychecks.

amount	pay period	pay to:
_____	_____ 1st-15th	_____
	_____ 16th-30th	_____
		_____

amount	pay period	pay to:
_____	_____ 1st-15th	_____
	_____ 16th-30th	_____
		_____

amount	pay period	pay to:
_____	_____ 1st-15th	_____
	_____ 16th-30th	_____
		_____

amount	pay period	pay to:
_____	_____ 1st-15th	_____
	_____ 16th-30th	_____
		_____

Effective Date \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed