COLORVISION™

ColorVision
Payroll Deduction Request

Total Deduction Amount: $ _____ . _____

Date of Deduction	Amount of Deduction
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

Notes

_____

_____

_____

I, hereby, authorize the company to make payroll deductions in the manner outlined above.

Associate Signature: _____

Date: _____