

Whitman County
400 N. Main Street • Colfax, WA 99111
(509) 397-5242 • FAX (509) 397-6355 • www.whitmancounty.org



PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize Whitman County to deduct the appropriate amount from my wages to cover any costs of my chosen medical, dental, vision and life insurance coverage, as well as any other deductions I may voluntarily elect for myself in excess of the County's contribution.

I understand that any premiums for coverage requested on my dependents will be responsibility through payroll deduction.

Print Employee's Name

Employee's Signature

Department

Date