

# Town of North Providence

2000 Smith Street  
North Providence, R.I. 02911

## *Payroll Deduction Authorization*

I HEREBY AUTHORIZE THE TOWN OF NORTH PROVIDENCE, PAYROLL DEPARTMENT, TO (CHOOSE ONE):

- ADD
- CANCEL
- INCREASE
- DECREASE

MY PAYROLL DEDUCTION AS PROVIDED BELOW.

**NAME:**

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**EMPLOYEE#:**

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**DATE:**

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**TYPE OF DEDUCTION:**

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**AMOUNT OF DEDUCTION:**

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**PAYROLL START DATE:**

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**SIGNATURE:**

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