

Date: [Insert Date]

To: [Payroll Department Name/Human Resources]

Company: [Employer Name]

Address: [Employer Address]

RE: Voluntary Wage Deduction Authorization

Employee Name: [Your Full Name]

Employee ID: [Your Employee ID Number]

To Whom It May Concern,

I am writing to formally authorize a voluntary wage deduction from my earned salary to satisfy a medical debt payment plan with [Name of Medical Provider/Collection Agency].

Please deduct the following amount from my paychecks:

- Deduction Amount: \$[Insert Amount]
- Frequency: [e.g., Every Pay Period / Monthly]
- Start Date: [Insert Date]
- End Date: [Insert Date or "Until total balance of \$XXXX is paid"]

Please remit these payments to:

Payee Name: [Medical Provider or Agency Name]

Account Number: [Your Patient/Account Number]

Mailing Address: [Payee Mailing Address]

I understand that this deduction is voluntary and that I may revoke this authorization at any time by providing written notice to the payroll department [Insert Number of Days] days in advance.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]