

ST. LOUIS COUNTY, MINNESOTA

## **Payroll Deduction Authorization**

**HUD Entitlement Programs – CDBG, HOME, ESG** 

Form **1015** 

Rev. 7-3-2023

| This form is used to authorize an employer to make specified deductions. Additional Information: <a href="https://www.stlouiscountymn.gov/communitydevelopment">www.stlouiscountymn.gov/communitydevelopment</a> |                        |                        |        |         |   |                   |  |
|--|------------------------|------------------------|--------|---------|---|-------------------|--|
| Requested Information  |                        |                        |        |         |   |                   |  |
| Date:  |                        |                        |        | Projec  | Project Name:   |                   |  |
| Company Name:  |                        |                        |        | Compa   | Company Contact Name:   |                   |  |
| Employee Name:   |                        |                        |        |         |   |                   |  |
|  |                        |                        |        |         |   |                   |  |
| I,, hereby authorize(name of employer/company)   |                        |                        |        |         |   |                   |  |
| (employee name) (name of employer/company)   |                        |                        |        |         |   |                   |  |
| to deduct \$ from my paycheck.   |                        |                        |        |         |   |                   |  |
| The deduction will occur on a (check one) basis: One time Weekly Monthly Other:  |                        |                        |        |         |   |                   |  |
|  |                        |                        |        |         |   |                   |  |
| Deduction  | Amount (write \$ or %) | Ded                    | uction | Amount  | (write \$ or %)   | Notes (optional): |  |
| Loan Repayment:  |                        | Retirement (eg.,401k): |        |         |   |                   |  |
| Advance:   |                        | Wage                   |        |         |   |                   |  |
| Advance.   |                        | Garnishment:<br>Union  |        |         |   |                   |  |
| Insurance:   |                        | Withdrawal:            |        |         |   |                   |  |
| Other:   |                        |                        |        |         |   |                   |  |
|  | (name of deduction)    |                        |        |         |   |                   |  |
|  |                        |                        |        |         |   |                   |  |
| Attestation:   |                        |                        |        |         |   |                   |  |
| I hereby certify and attest that the above deductions and the deduction amounts are true and correct to the best of my knowledge.  |                        |                        |        |         |   |                   |  |
| Employee Signature: Title:   |                        |                        |        |         | Date:   |                   |  |
|  |                        |                        |        |         |   |                   |  |
| Contact Planning and C   | ommunity Development   |                        |        |         |   |                   |  |
| Duluth Office  |                        |                        |        |         | Virginia Office   |                   |  |
| Government Services Center 320 W 2nd Street, Suite 301 Duluth, MN 55802  Phone (218) 725-5000 Toll Free (800) 450-9777 www.stlouiscountymn.gov/communitydevelopment  |                        |                        |        | 201 Sou | Government Services Center 201 South 3rd Avenue West Virginia, MN 55792  Phone (218) 749-7103 Toll Free (800) 450-9777 www.stlouiscountymn.qov/commun development |                   |  |
| St. Louis County Office:   |                        |                        |        |         |   |                   |  |
| Received by:   |                        |                        |        | Date    | Date Received:  |                   |  |
| Approver:  |                        |                        |        | Date    | Date Reviewed:  |                   |  |