



Payroll Deduction Authorization

Our records show that you are interested in payroll deduction for Purchasing Power. In order for us to begin the payroll deduction process, we need the completed information below.

I hereby authorize the State of Minnesota or the named Political Subdivision or School District to deduct from my wages or salary the amount indicated to pay the contribution, including a processing fee, for my Minnesota Benefit Association Program. I further authorize payment of such amount to the Minnesota Benefit Association. I understand that changes in the amount of deduction may be made without further authorization from me. I hereby release and agree to hold the State of Minnesota or the named Political Subdivision or School District harmless from any claim as a result of any error in paying such amounts. This authorization is to remain in effect until I provide written notice that it is to be cancelled.

Name _____

Employer _____

Home Address _____
Street City State Zip

Full SS# _____ Employee ID# _____

Home Phone # _____ Work Phone # _____

Email _____

Employee Signature _____

Date _____

Agent Signature (if applicable) _____

***** FOR OFFICE USE ONLY*****

Minnesota Benefit Association
6701 Upper Afton Road Woodbury, MN
55125
MinnesotaBenefitAssociation.org
800.360.6117
Info@MinnesotaBenefitAssociation.org

Group # _____

Statement Due Date _____

New Deduction Amount \$ _____