

# Valassis Payroll Stock Purchase Plan

## Payroll Stock Purchase Plan Deduction Authorization Form

(Please forward all completed forms to your Payroll Representative)

I hereby authorize my employer to deduct from my pay the amount specified hereunder, for transmittal to JPMorgan for the Valassis Communications, Inc. Employee Stock Purchase Plan. I reserve the option to revise the amount to be invested within the specified limits, or terminate my participation in the Plan at any time by notifying my employer in writing.

Dollar Amount per pay \_\_\_\_\_ or  Percentage per pay \_\_\_\_\_  
*(Percentage must be whole numbers, not fractions)*

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Location

\_\_\_\_\_  
Last four digits of Social Security Number

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

For Payroll Dept.'s Use Only

Date Received \_\_\_\_\_

Payroll Period Processed \_\_\_\_\_

Date copy of form  
forwarded to Sue Skaggs \_\_\_\_\_

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