



Payroll Deduction Authorization

Vendor Company name or Deduction Name

_____ CDH #: _____

Employee Name: _____ Employee ID: _____

School/Department: _____ 20 checks _____ 24 checks _____

Contact Number: _____

Choose one of the following:

New _____ Deduction Amount (per pay check) _____

Change _____ Payday to Start: _____

Cancel _____ Payday to Stop: _____

*****I

I understand this deduction will continue until I submit a written
CANCELLATION REQUEST to the Payroll office.

Employee's Signature: _____ Date: _____

Agent's Name: _____ Phone: _____

Do not use this form for tax shelter annuity's.
Please contact the Payroll Department for that form.