

Payroll Deduction Authorization

| Name | | | Banner # or Social Security | | | |
|-----------------------|----------------------|--------------------------|-----------------------------|------------------|----------------|--|
| Please add [] stop [|] the following pays | roll deduction(s): | | | | |
| Descript | ion | Amount Per Pay Period | Total Amount | Starting Date | Ending Date | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Dated | Signatu | ıre | | | | |