

Payroll Deduction Authorization Form

| Agency Pr | | | Print Nam | Print Name: | | Action Requested | | |
|---|-----------|------------|--------------|-------------------------|-------------|------------------|--|--|
| | 204 | WM | | | | Start Deduction | | |
| | • | | | | | Change Deduction | | |
| | 268 | VM | | | | Stop Deduction | | |
| | | | Banner ID | : | | | | |
| Check Box | Plan Code | | r | Pescription Pescription | Other Refer | ences | | |
| | | | | | | | | |
| | TRA | | Travel A | dvance Payback | | | | |
| | | a. II | | | Acct: | | | |
| WMG | | | College Gift | | | Acct: | | |
| | | | | | Acct: | | | |
| | DBC Expr | | | ess Program | | | | |
| | 550 | | EXPI | C33 1 10614111 | | | | |
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| | UNI | | | JIIIOTTIIS | _ | | | |
| | SAP | Othe | r Deductio | n-Explanation Required | | | | |
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| | | | T | | | | | |
| Fixed \$ Amt | | Start Date | | End Date | | Goal Amount | | |
| | | | | | | | | |
| Requesting Employee Signature: | | | Date: | | | | | |
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| Daywoll Donaytenout Uso Only | | | | | | | | |
| Payroll Department Use Only Processed by: | | | | Date: | | | | |
| | | | | | | | | |
| Reviewed by: | | | Date: | | | | | |