

PAYROLL DEDUCTION AUTHORIZATION



Pacific Union College

1 Angwin Avenue
Angwin, CA 94508

Employee's Name	Employee's ID Number

(LAST NAME) (FIRST) (MIDDLE INITIAL)

Dollar amount of bi-weekly payroll deduction requested	\$
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Deduction Start Date		<i>Payroll will pick the closest pay period to beginning date of deduction.</i>
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Deduction End Date		<i>End date may be left blank.</i>
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Payroll deduction to be credited to (department, designated fund, project, etc.)

- Pioneer Fund Special Project _____
 Department _____ Other _____

Employee's Signature	Date

Office use only

Date received	
Date deduction started	
Date deduction ended	
Date Sent to Payroll	
Thank You Tax Receipt	
GL#	
Advancement Signature	