



DEDUCTION INFORMATION

REASON FOR DEDUCTION: _____

CHECK ONE:

ON-GOING

ONE TIME ONLY

SPECIFIED # OF PAYROLLS: _____ **(EQUAL INSTALLMENTS)**

CANCEL CURRENT DEDUCTION

DEDUCTION AMOUNT (PER PAYROLL CHECK): _____

TOTAL AMOUNT OF DEDUCTION (IF APPLIES): _____

PAYROLL EFFECTIVE DATE (WHEN TO START/END): _____

EMPLOYEE INFORMATION

LAST NAME: _____ **FIRST NAME:** _____

LAST 4 OF SSN: _____

PAYROLL DEDUCTION AND AGREEMENT STATEMENT

I, the undersigned, hereby authorize Waldorf University to deduct or cancel the above amount from my pay check for the reason and in the manner as described above.

Employee Signature

Date

Received By

Date