

PAYROLL AUTHORIZATIONS

Name _____ Billing Address _____

Social Security # _____

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AUTHORIZATION FOR DEDUCTION

I hereby authorize North Dakota State University to withhold \$_____ from my monthly earnings amounts specified below:

Amount	Deduction Code	Type of Deduction	# Deductions	From	To
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____	_____

DATE

SIGNATURE

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AUTHORIZATION TO CANCEL DEDUCTIONS

I hereby request cancellation of the following deduction(s), which are being deducted from my monthly earnings, effective _____.

Deduction Code	Type of Deduction	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

DATE

SIGNATURE

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AUTHORIZATION TO CANCEL DIRECT DEPOSIT

I hereby request cancellation of Direct Deposit of my earnings, effective _____.

Checking Account

Savings Account

DATE

SIGNATURE