



PAYROLL DEDUCTION AUTHORIZATION FORM

I hereby authorize DePauw University to deduct the amount listed below from my payroll check each pay period. This authorization will remain in effect until written notice is received by the Payroll department.

Amount of Deduction (per pay period): _____

Deduction to Begin with Pay Date: _____

Purpose/Description for Deduction: _____

Balance Due (if applicable): _____

CANCEL Current Payroll Deduction: _____

Employee Name: _____ **Social Security #:** _____

Employee Signature: _____ **Date:** _____