



PAYROLL DEDUCTION AUTHORIZATION

Employee Information:

Last Name: _____ First Name: _____ MI _____

Last 4 digit of SSN: _____ or Coyote One ID #: _____

Department: _____ Extension: _____

Payroll Deduction: (Please select one)

- I would like to have \$_____ dollars deducted from my paycheck effective the first pay period of _____ to support CSUSB. (\$5 minimum per pay period)
(Month)
- I would like to change my current deduction amount to \$_____ per pay period.
- I would like to change my area of support.
- Cancel Payroll deduction.

Payroll deductions are automatically renewed on July 1st. Please contact UEC Payroll at ext. 7-7225 should you have any questions regarding your deduction.

Area(s) of Support:

1. _____ \$ _____
(Department/Program/Scholarship)
2. _____ \$ _____
(Department/Program/Scholarship)
3. _____ \$ _____
(Department/Program/Scholarship)

Payroll Deduction Authorization: (Please select one)

- ASI Employee:** I authorize UEC payroll to deduct each pay period from my salaries and wages as specified above. This authorization will remain in effect until I cancel.
- SMSU Employee:** I authorize UEC payroll to deduct each pay period from my salaries and wages as specified above. This authorization will remain in effect until I cancel.
- UEC Employee:** I authorize UEC payroll to deduct each pay period from my salaries and wages as specified above. This authorization will remain in effect until I cancel.

Employee Signature

Date