



## 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 1<sup>st</sup>. 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