Santos Manuel Student Union
CAL STATE SAN BERNARDINO

Payroll Deduction Form

I authorize the Santos Manuel Student Union to deduct the semi-monthly payroll deduction from my paycheck:

Employee Name: _____

Address: _____

City, State, zip code _____

Campus Department: _____

Deduction Amount: _____

Effective 1st the month of: _____ (month/year)

Designation:　　**ALFSS Scholarship**

　　　　　　　　580600 P3176 S6300 P309050

I understand the above deduction will continue until the cancellation of this form is completed or the separation of the employment.

_____

Signature　　　　　　　　　　　　　　　　Date

For Cancellation only:

Please cancel the above deduction from my payroll check effective pay period ending:

_____

Date

_____

Signature