

### ALFSS Scholarship Payroll Deduction Form

I authorize the University Enterprises Corporation at CSUSB to deduct the semi-monthly payroll deduction from my paycheck.

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

Campus Department: \_\_\_\_\_

Deduction Amount: \_\_\_\_\_

Effective on the 1<sup>st</sup> of (month/year):  
\_\_\_\_\_

Designation: **ALFSS Scholarship**  
**580600 P3176 S6300 P309050**

**I understand that the above deduction will continue until the cancellation of this form is completed or I am no longer employed at CSUSB.**

\_\_\_\_\_  
Signature Date

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**For cancellation only:**

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

\_\_\_\_\_  
Signature Date