



**VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION**  
*(THIS FORM SUPERSEDES ALL PREVIOUS FORMS)*

Employee # \_\_\_\_\_

Date \_\_\_\_\_

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

Please process a payroll deduction or cancellation for me as specified below:

**Choose One:** New Add Change Stop

Agency (check applicable box)	Start Pay Period Date	End Pay Period Date	Bi-Weekly \$ Amount Per Payroll	Total \$ Max Amount	Office Use Only
<input type="checkbox"/> AWC Foundation <i>Please specify donation:</i> <input type="checkbox"/> Scholarship (List Scholarship Name) <input type="checkbox"/> Program (List Program Name)					FOUN
<input type="checkbox"/> KAWC					KAWC
<input type="checkbox"/> Matador Athletic Association					ELTO
<input type="checkbox"/> United Way					UNWA

\_\_\_\_\_  
Employee Signature / Print

\_\_\_\_\_  
Date Authorized

\*\*\*\*\*

*Office Use Only*

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date Received/Entered

*Distribution List:*  Original: HR    Copy: Employee  
*Agency Copy*    Athletics    AWC Foundation    KAWC    United Way

Payroll Processing:

Deduct Start:
Deduct End:
# Periods:
\$ Amount:
Initials: