



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

Employee # Date:

Name:

Mailing Address:

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

Choose One: New Add Change Stop

Agency <small>(check applicable box)</small>	Start Pay Period Date	End Pay Period Date	Bi-Weekly \$ Amount Per Payroll	Total \$ Max Amount	Office Use Only
<input type="checkbox"/> AWC Foundation General					FOUN
<input type="checkbox"/> AWC Scholarship <i>(Enter Name)</i>					
<input type="checkbox"/> AWC Program <i>(Enter Name)</i>					
<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 KAWC United Way
 Agency Copy Athletics AWC Foundation

Payroll Processing:

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