

REED COLLEGE

BUSINESS OFFICE

3203 SE Woodstock Boulevard, Portland, Oregon 97202-8199 $phone \colon 503/777-7505$

Payroll Services

| Payroll Deduction Authorization Form | | | |
|--|----------------------------------|---------------------------------------|-------------------|
| Complete this form to initiate or cha | ange deductions from you | r paycheck. | |
| Part I: Employee Information | | | |
| Last Name | First Name | | Middle Initial |
| | | | |
| Employee ID | Contact E-mail / Phone Extension | | |
| | | | |
| | | | |
| | | | |
| Part II: Deduction Information | | | |
| What would you like to do? | Change a deduction | Terminate a deduct | ion |
| Deduction To Be Applied To: | | | |
| | | | |
| Dollar Amount to Deduct Each Pay Period | # of Pay Periods | From Date | To Date |
| | | | |
| Total Amount to Deduct | | | |
| | | | |
| | | | |
| Part III: Deduction Information | | | |
| | | | |
| I hereby authorize the Reed College Boas appropriate, based on my selection as | | terminate, or change a p | ayroll deduction, |
| 2. I understand that, if I am initiating or c the dates specified above due to the tin | | | effect or end on |
| | | S | |
| | | | |
| | | | |
| Employee Signature | | Date | |
| For Payroll Use Only | | | |
| Entered By | Date | | |
| | | | |
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