PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name _____

ID # _____

Contact Number ☎ _____

Department / Unit _____

Vendor _____

Address _____

Account Number _____

Amount per Payday _____

☐ *supersedes current amount, check here*

Effective Date _____

Type of Deduction *Savings* ☐   *Checking(D)* ☐   *Loan* ☐

(please **check** ☑ one if applicable)

- I hereby authorize UOG PAYROLL to withhold from my bi-weekly wages the amount and remit to the vendor stated above.
- I am fully aware that the UOG PAYROLL, will be responsible in reporting each payperiod deduction but WILL NOT BE responsible for maintaining records of unpaid balances or accumulated deductions. The vendor receiving payroll deduction payments shall maintain such records.
- Furthermore, I am aware that the processing time for the release of the payroll deduction payments will take up to **five (5) working days** after payday Friday.

_____   _____
Signature of Employee   Date