



Payroll Office Use Only:
 Date Entered: _____
 Entered By: _____

Payroll Office

Deduction Authorization Form

Fill out and fax or return the completed form to: **Benedictine University Payroll Office**

5700 College Road
 Goodwin Hall 345
 Phone: (630) 829-6026 Fax: (630) 829-1823

Identification

PSID _____ Employee Name _____
Last *First* *MI*

Deduction

Deduction _____ \$ _____ per pay period.

- Until further notice
- Until a total amount of \$ _____ is deducted in full
- Until the pay period ending ___ / ___ / _____

Authorization

This form is considered invalid if it has been altered in any way or any unauthorized additions have been made to it.

I agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, Benedictine University withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state law.

I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

Employee Signature _____ Date ___ / ___ / _____