



PAYROLL DEDUCTION AUTHORIZATION FORM

Complete this form to initiate a payroll deduction.

Employee Name: _____

Department: _____

Employee ID: _____ Work Telephone: _____

Payroll Deduction Amount: _____

Reason for the Deduction: _____

I hereby authorize Kirkwood Community College to initiate a payroll deduction in the amount indicated above. Bi-weekly employees will be deducted the second bi-weekly payroll of the month. If at anytime I leave employment of Kirkwood Community College, I authorize any remaining, unpaid balance to be deducted from my last paycheck.

Employee Signature

Date

Return this form to payroll located in **313 Kirkwood Hall**.