

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name (print o	or type):							
hereby authorize Witte	DUCT \$		per pay pe	riod				
Payroll Type (check one):	Bi-		Monthly					
Deduction Frequency (ch	eck one):							
On a continuous bas	is until not	tified by me t	o stop d	eductio	n OR			
Over pay periods beginning on:					paydate			
to cover the total an	nount \$	(if applicable) (due Witt	enberg	University	for:		
Description of reason for de	eduction to inclu	ide total amount ow	red if not rec	urring payn	nent (i.e. Rent, p	urchase, etc.)		
NOTE: Should my emplo	oyment wi	th Wittenberg	g Univer	sity end	l prior to th	ie full amoun	ıt	
noted above being repair	id, or a bal	ance remains	on my a	account	for recurri	ng payments	,	
understand that the bala	ance due is	my responsi	bility. Ta	agree to	either pay	the full		
palance remaining prior	to my last	pay or, by m	y signatu	ıre belo	w, authoriz	ze the balanc	:e	
to be deducted from any	y remainin	g compensati	on or ot	her mo	nies owed t	to me.		
Employee Signature				Date				
Approval (required for Rental or Recurring payment terms).				(Print/Type Approver Name and Title)				
								Approver Signature
		HR USE ONLY						
Copy of documentation/	receipt attache	ed (i.e. Rental Agre	ement,				_	
etc.) Received in HR by	Initials	Date						
Entered into payroll by	Initials	Date						

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