SNOW COLLEGE

Payroll Deduction Authorization

Name_____ Banner # or Social Security _____

Please add [ ] stop [ ] the following payroll deduction(s):

Description	Amount Per Pay Period	Total Amount	Starting Date	Ending Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dated_____ Signature_____