CLAFLIN UNIVERSITY

Orangeburg, South Carolina

PAYROLL AUTHORIZATION

EMPLOYEE:_____ EMPLOYEE SS#: _____

Please place a ☑ by the change that applies to my payroll deductions.

☐ **Insurance**_____

(Name of Insurance Company)

☐ **Stop Deduction $**_____ ☐ **Start Deduction $**_____

☐ **Bank/Credit Union** _____

☐ ☐

☐ **Annuities**_____ _____

(Name of Company)

☐ **Stop Deduction $**_____ ☐ **Start Deduction $**_____

☐ **Other**_____

(Name of Company)

☐ **Stop Deduction $**_____ ☐ **Start Deduction $**_____

Payroll Date Authorization to Begin _____ To End_____

Employee Signature_____Date Signed_____