



# AUSTIN PEAY STATE UNIVERSITY

## PAYROLL DEDUCTION AUTHORIZATION

**Name:**

**Banner ID:**

**New Deduction**

**Semi-Monthly Payroll**

**Change**

**Monthly Payroll**

**Cancelation**

**Name of Deduction/Company:**

I authorize the APSU Payroll Office to deduct \$ \_\_\_\_\_ per pay period from my salary,  
beginning with my check dated \_\_\_\_\_, 20\_\_\_\_ and ending with my check dated  
\_\_\_\_\_ 20\_\_\_\_. (If no end date is given, the deduction will be made indefinitely.)

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

For Office Use Only

This form must be completed, signed, and returned to Human Resources at least fifteen working days before the new deduction or cancelation/change of present deduction is to become effective.

M28 – Employee Accounts Receivable Deductions – By signing this form you are acknowledging that upon termination of employment any remaining balance on your account may be deducted from your final paycheck.