

**AUSTIN PEAY STATE UNIVERSITY**  
**PAYROLL DEDUCTION AUTHORIZATION**

NAME:	BANNER ID NUMBER:
New Deduction Change Cancellation	Semi-Monthly Payroll Monthly Payroll
Name of Deduction/Company:	
CODE	
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____. <b>(If no end date is given, the deduction will be made indefinitely.)</b>	
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 cancellation/change of present deduction is to become effective.**