

Gadsden State Community College

PAYROLL DEDUCTION AUTHORIZATION

I HEREBY AUTHORIZE THE PAYROLL OFFICE PERSONNEL AT GADSDEN STATE
COMMUNITY COLLEGE TO DEDUCT _____ FROM MY
(Dollar Amt)

MONTHLY PAYROLL TO COVER MY DEDUCTION FOR:

_____. THIS DEDUCTION IS TO BECOME
(Deduction Name)

EFFECTIVE _____.
(Month/Year)

THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL I HAVE SUPPLIED
A WRITTEN NOTICE OF ITS TERMINATION TO THE GADSDEN STATE COMMUNITY
COLLEGE PAYROLL OFFICE.

(Signature)

(Social Security Number)

(Date)