Payroll Deduction Authorization

I, the undersigned, authorize Central Washington University to deduct the amount of

(Check box)

☐ $ _________ from my next regularly scheduled payroll check

☐ $ _________ per paycheck, starting next scheduled payroll until $ _________ is paid.

☐ $ _________ paid in full. Payment enclosed.

NAME (print): _____________________________________ SID: ________________

SIGNATURE: _____________________________________ DATE: ________________

Please sign and return to Student Receivables, Barge Hall, Room 104, Mail Stop 7491

Processed by Student Financial Services

Name: __________________________  Ext: __________

Date: ________________

Payment for: __________________________  Deduction Code: __________

Processed by Payroll

Name: __________________________  Payroll Date: ________________

Verified: __________