



AUTHORIZATION TO STOP EARNINGS WITHHELD

Print Name: _____ I.D. # _____

I hereby request Andrews University to **STOP** the following deduction: \$ _____
*(if stopping 100% deduction, **MUST** submit with electronic pay election)* _____ %

from each of my bi-weekly payroll checks for (check one):

my AU account other AU account: ID # _____

payroll deduction: _____ Name _____

My authorization becomes effective on Pay # _____ (see payroll schedule) Year 200__.

Signature: _____

Date: _____

Payroll Office Use Only

Rec'd: _____ Procs'd: _____

Date: _____ Date: _____

PLEASE SUBMIT COMPLETED FORM TO PAYROLL OFFICE