

AUTHORIZATION TO WITHHOLD EARNINGS

Print Name: _____ **I.D. #** _____

I hereby give consent for Andrews University to withhold: \$ _____
_____ %

from each of my bi-weekly payroll checks and apply it to (check one):

my AU account **other AU account: ID #** _____

payroll deduction: _____ *Name* _____

My authorization becomes effective on Pay # ____ (see payroll schedule) Year 200__ and may continue as long as a debit balance remains on my account and/or I request otherwise.

Signature: _____

Date: _____

<u>Payroll Office Use Only</u>	
Rec'd: _____	Procs'd: _____
Date: _____	Date: _____

PLEASE SUBMIT COMPLETED FORM TO PAYROLL OFFICE.