

# AUTHORIZATION TO STOP EARNINGS WITHHELD

**Print Name:** \_\_\_\_\_ **I.D. #** \_\_\_\_\_

I hereby request Andrews University to **STOP** the following deduction: \$ \_\_\_\_\_  
\_\_\_\_\_ %

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