



### PAYROLL DEDUCTION AGREEMENT

**Employee Information** (All fields are required.)

Name (Last, First, MI) \_\_\_\_\_ Campus-Wide ID \_\_\_\_\_

Bi-Weekly                       Monthly                      Extension \_\_\_\_\_

I hereby authorize Pepperdine University to deduct \$ \_\_\_\_\_ from each paycheck starting \_\_\_\_\_ (This date must be a regular payday).

**Deduction Information** (Please select **ONE** deduction or contribution per form.)

Tuition                                       United Way                                       Scholarshare

Other \_\_\_\_\_

**I understand that this agreement will continue until payroll is notified of any changes in writing or by email.**

\_\_\_\_\_  
*Employee (Signature)                                      Print Name                                      Date                                      Extension*

**For Office Use Only**

Deduction Code \_\_\_\_\_ Received by \_\_\_\_\_ Date Received \_\_\_\_\_