PEPPERDINE UNIVERSITY

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 ☐ University Credit Union ☐ Scholarshare

☐ United Way ☐ 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 _____

Return Completed Form to the Payroll Office - Mail Code 4636

Version: 01.06.11