

AUTHORIZATION TO WITHHOLD EARNINGS

Print Name: _____

I.D. # _____

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

(if reducing from 100% ***MUST*** submit with electronic pay election) _____ %

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: _____

Payroll Office Use Only

Rec'd: _____ Procs'd: _____

Date: _____ Date: _____

PLEASE SUBMIT COMPLETED FORM TO PAYROLL OFFICE