

EASTERN MICHIGAN UNIVERSITY
PAYROLL DEDUCTION AUTHORIZATION OR CANCELLATION

I hereby authorize the following deduction from my payroll checks and the remittance of this deduction to the indicated agencies.

EID # _____

DED. TYPE _____

Athletics / Misc.

NAME _____

DED. AMT. \$ _____

(Last name first-please print)

DATE _____

GOAL \$ _____

SIGNATURE _____

ORIGINAL SIGNATURE TO RESPECTIVE DEPARTMENT
COPIES OF COMPLETED FORM WITH SIGNATURE TO PAYROLL / EMPLOYEE