



University Payroll Office

Campus Box 0580
Normal, IL 61790-0580
Phone: (309) 438-7677
Fax: (309) 438-3357
Payroll.IllinoisState.edu

Deduction Authorization Form

Fill out and fax or return the completed form to:

ILLINOIS STATE UNIVERSITY
PAYROLL OFFICE
NORMAL, ILLINOIS 61790-0580
FAX: (309) 438-3357

Identification

UID _____ Name _____
Last *First* *MI*

Deduction

Deduction _____ \$ _____ per pay period.

Until further notice.

Until a total amount of \$ _____ is deducted in full.

Until the pay period ending ___ / ___ / _____.

Authorization

This form is considered invalid if it has been altered in any way or any unauthorized additions have been made to it.

I agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount set forth above, Illinois State University may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state law.

I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

Employee Signature _____ Date ___ / ___ / _____

University Payroll Office (UPO) Use Only

Date Entered ___ / ___ / _____

UPO Initials _____