University Payroll Office

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

ILLINOIS STATE UNIVERSITY
Illinois' first public university

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

Or submit to the
Payroll Secure Form Dropbox

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 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_____

An equal opportunity/affirmative action university encouraging diversity