



ACCOUNTS RECEIVABLE - PAYROLL DEDUCTION AUTHORIZATION
(THIS FORM SUPERSEDES ALL PREVIOUS FORMS)

Employee # Date
Name:

Please process a payroll deduction or cancellation for me as specified below:

Choose One: ☒ New ☐ Change ☐ Stop

Agency (check applicable box)	Start Pay Period Date	End Pay Period Date	Bi-Weekly \$ Amount Per Payroll	Total \$ Max Amount	Office Use Only	
<input checked="" type="checkbox"/> Child Care					CDL2	AR02
<input type="checkbox"/> Child Care (Financial Aid only)					CDL3	AR01
<input type="checkbox"/> Matador Money (Advance)					MMD2	AR01
<input type="checkbox"/> AWC Repayment					REPA	AR05

Employee Signature / Print

Date Authorized

Office Use Only

Human Resources Representative

Date Received/Entered

Distribution List: ☐ Original: HR/Payroll ☐ Copy: Employee ☐ Copy: AR Office

Payroll Processing:

Deduct Start:
Deduct End:
Periods:
\$ Amount:
Initials: