



ARIZONA WESTERN COLLEGE
VOLUNTARY 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 Add 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 type="checkbox"/> AWC Foundation <i>Please specify donation:</i> <input type="checkbox"/> Scholarship (List Scholarship Name) <input type="checkbox"/> Program (List Program Name)					FOUN
<input type="checkbox"/> KAWC					KAWC
<input type="checkbox"/> Matador Athletic Association					ELTO
<input type="checkbox"/> United Way					UNWA

Employee Signature / Print

Date Authorized

Office Use Only

Human Resources Representative

Date Received/Entered

Distribution List: Original: HR Copy: Employee
Agency Copy Athletics AWC Foundation KAWC United Way

Payroll Processing:

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