



Lake Superior State University

Payroll Deduction Authorization

I, _____, authorize the following deduction(s) from my pay.

Social Security Number _____

	Pay Date		Deduction
	Start Deduction	Change/Stop	
1. BC/BS Rider Code:			Monthly \$
2. BC/BS Premium Code:			Monthly \$
3. COBRA Code:			Monthly \$
4. Life Insurance Premium Code:			Monthly \$
5. Worksite Wellness \$ _____ _____			Bi-Weekly \$
6. Foundation Gifts \$ _____ _____			Bi-Weekly \$
7. Rent \$ _____ /month (The established monthly rate deducted in two equal payments)			Twice Monthly \$
8. Miscellaneous \$ _____ total denomination			Bi-Weekly \$
9. Miscellaneous \$ _____ total denomination			Bi-Weekly \$

Signature _____ Date _____