



Payroll Deduction Authorization

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

Social Security Number or Banner ID _____

	Pay Date		Deduction
	Start Deduction	Change/Stop	
1. Life Insurance Premium Code:			Monthly \$
2. Miscellaneous \$ _____ total			Bi-Weekly \$
3. Laker Bucks \$ _____ total			Bi-Weekly \$

Signature _____ Date: _____

For Human Resources use only	
Benefit Effective Date	
Double Deduct	<input type="checkbox"/> Hired 1-12 of month