



# Campus Recreation Center

## PAYROLL DEDUCTION AUTHORIZATION

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Banner # \_\_\_\_\_

Social Security # \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Employment Status:     Staff                                       Faculty  
 Monthly Deduction:    12 month (\$10)                       9 months (\$13.33)

**I hereby authorize North Carolina A & T State University to:**

Deduct \$ \_\_\_\_\_ each pay period beginning until I notify you in writing to discontinue deductions 30 days in advance

**OR**

Deduct \$ \_\_\_\_\_ one time deduction from paycheck.

\_\_\_\_\_  
 Signature Date

