



ABILENE CHRISTIAN UNIVERSITY PAYROLL DEDUCTION AUTHORIZATION FORM

Employee's Name (Please Print Clearly)

Banner ID#

Payroll Date to Begin Deduction:

- ☐ On my next available paycheck
- ☐ On the paycheck that pays on _____

ACU Account Payment (620): If the account being paid belongs to someone other than you, please provide this person's Name and Banner ID.

Name: _____

Banner ID: _____

Amount per paycheck: \$_____

Stop Payroll Deduction: Please stop my ACU Account Payment

- ☐ On my next available paycheck
- ☐ On the paycheck that pays on _____

I request that the above amount be deducted from my pay check for payment to the account listed above until Payroll is notified in writing to stop the deduction.

This form of notification must reach payroll two weeks prior to the effective pay date for transaction to occur.

Signature: _____ **Date:** _____

Contact Information (phone or email): _____

****Please use one form for each account or deduction**