# CLAFLIN UNIVERSITY

Orangeburg, South Carolina

## PAYROLL AUTHORIZATION

**EMPLOYEE:_____ EMPLOYEE SS#: _____**

*Please place a ☑ by the change that applies to my payroll deductions.*

☐ **Insurance**_____

***(Name of Insurance Company)***

☐ **Stop Deduction $**_____ ☐ **Start Deduction $**_____

☐ **Bank/Credit Union** _____

☐ ☐

☐ **Annuities**_____ _____

***(Name of Company)***

☐ **Stop Deduction $**_____ ☐ **Start Deduction $**_____

☐ **Other**_____

***(Name of Company)***

☐ **Stop Deduction $**_____ ☐ **Start Deduction $**_____

**Payroll Date Authorization to Begin _____ To End_____**

**Employee Signature_____Date Signed_____**