North Carolina Agricultural and Technical State University

CAMPUS RECREATION CENTER

PAYROLL DEDUCTION AUTHORIZATION

Name _____

Home Address _____

City, State & Zip _____

Banner # _____

Telephone # _____

Email _____

Please check one: ☐ **Permanent Staff** ☐ **12 months ($10.00)**

Employment status: ☐ **Faculty** ☐ **9 months ($13.33)**
☐ **Temporary Staff** ☐ **Biweekly ($5.00)**

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

☐ Deduct $_____ each pay period until I notify you in writing to discontinue deductions 30 days in advance

OR

☐ One-time deduction of $ _____ from paycheck

_____ _____
Signature Date

DIVISION OF STUDENT AFFAIRS

North Carolina Agricultural and Technical State University