



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 _____
(Name of Credit Union)

Stop Deduction \$ _____ Start Deduction \$ _____

Retirement _____
(Name of Company)

Stop Deduction \$ _____ Start Deduction _____

United Way _____
(Name of Company)

Stop Deduction \$ _____ Start Deduction \$ _____

UNCF _____
(Name of Company)

Stop Deduction \$ _____ Start Deduction \$ _____

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** _____