

## **Payroll Services**

## **Payroll Deduction Authorization Form**

Complete this form to initiate, change, or terminate deductions from your paycheck.

Part I: Employee Information			
Last Name	First Name		Middle Initial
Employee ID	Cornell E-mail	Cornell Phone	
Part II: Department Information			
Unit Type: C Endowed C Contract Colleg	ge Department Name		
Part III: Deduction Information			
What would you like to do?			
Name of Deduction			
Dollar Amount to Deduct Each Pay Perio	d Goal Am	ount to Deduct (if needed)	
Part IV: Employee Authorization	۱		
<ol> <li>I hereby authorize the Cornell University Payroll office to initiate, terminate, or change a payroll deduction, as appropriate, based on my selection above.</li> <li>I understand that if I am terminating a payroll deduction, the deduction might still be taken during the current payroll cycle due to the time needed to process the termination.</li> <li>I understand that, if I am changing a payroll deduction, the change might not take effect during the current payroll cycle due to the time needed to process the change.</li> </ol>			
			Date
Employee Signature			
For Payroll Use Only			
Entered By	Date		

**Return this completed form to ...** Cornell University Payroll 377 Pine Tree Road, Ithaca, NY 14850

Fax: (607) 255-3198, E-mail: uco-payroll@cornell.edu