



Payroll Deduction Authorization

Name: _____

Employee ID: _____

Start Date: _____ Stop Date: _____

Effective PPE: _____

Deduction amount per pay period: \$ _____

Deduction Type/Reason: _____

By signing this form, I authorize Williston State College to deduct the above amount from my paycheck.

Employee signature

General Deductions: HWAWS