

PAYROLL DEDUCTION AUTHORIZATION

NAME: _____
(PLEASE PRINT)

C.S.U. I.D. Number _____

The undersigned hereby authorizes a payroll deduction to be taken from the second pay of each month. The deduction, cost and duration is determined by the type of permit purchased.

SIGNATURE: _____ **DATE:** _____
Required

_____ **OFFICE USE ONLY** _____

ANNUAL (\$53.00 MONTH)

ACADEMIC SESSIONS

FALL (\$60.75/MONTH— September, October, November, December)

DEDUCTION TO BEGIN _____ **TAG NO.** _____

STAFF INITIAL _____