LMU | LA
Loyola Marymount University

Payroll Deduction Form

Payroll Dept., UH Suite 1880

If submitted less than 8 days prior to the next pay period, the change may not take place until the following pay period.

NAME: _____
LAST FIRST MIDDLE

UNIVERSITY ID#: **9** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

DEPARTMENT: _____ EXT: _____-_____

AUTHORIZATION (check one): ☐ **NEW DEDUCTION**
☐ **CHANGE DEDUCTION AMOUNT**
☐ **CANCEL DEDUCTION**

Effective with my check-dated _____/_____/_____ contingent upon meeting payroll deadlines, I hereby authorize the Loyola Marymount University Payroll Department to deduct the following from my Payroll Check, twice monthly as an employee of Loyola Marymount University. I understand that I may cancel this deduction at any time.

AMOUNT TO DEPOSIT IN THE FLEXI DOLLAR [26] ACCOUNT: **$** ☐ ☐ ☐ **.** ☐ ☐

I understand that this authorization shall remain in effect until revoked by me, allowing time to meet payroll deadlines in order to make effective any payroll record changes in this assignment. This authorization will continue in effect until termination of my employment with Loyola Marymount University or until I submit written notice of cancellation upon a prescribed form acknowledged by the Loyola Marymount University Payroll Department.

_____ _____
SIGNATURE DATE