



CAL STATE LA

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Payroll Deduction Authorization

Name: _____

SSN: _____

Home Address: (please print)

Home Phone: _____

Office Ext.: _____

Div/Dept: _____

I authorize California State University, Los Angeles to deduct \$ _____ each pay period for the following program: _____. I understand that this deduction will take effect in 4 to 6 weeks from the date received in University Advancement (Adm. 809). I further understand that this authorization will remain in effect until I notify University Advancement in writing 6 weeks prior to the date I wish the deduction to cease.

Signature

Date