SKIDMORE COLLEGE
Authorization for Payroll Deduction
onto Employee Skidmore ID Card

Employee Name *(please print)*: _____

Last 4-digits of SS#: <u>X</u> <u>X</u> <u>X</u> - <u>X</u> <u>X</u> - ___ ___ ___ ___

Bi-Weekly Payroll Deduction Amount*: $_____
A minimum of $5 bi-weekly payroll

Effective Date: _____

☐ This is a <u>first time</u> payroll deduction request.

☐ This is a <u>change</u> to my current deduction amount.

☐ Please <u>end</u> my deduction as of the effective date listed above.

Employee Signature: _____

The amount withheld from payroll to be deposited onto your Skidmore ID Card
will be available for use effective each pay date.

Please return the completed form to the Payroll Office in Barrett Center.