

Dixie State College

Employee Payroll Deduction Form

Name: _____

BANNER ID #: _____

Effective on Check Date: _____

*(Note: Form must be received 7 business days prior to check date to be effective on that date)

Begin	End	Change		<u>Total</u> Amt To Be Deducted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSC Bookstore Account (9BK)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Senate Dues - \$4.00 (9FA)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff Association Dues - \$1.50 (9SA)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exempt Staff Association Dues - \$1.50 (9EA)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	403(b) TIAA-CREF Retirement Plan (83T)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utah State 401(k) Retirement Plan (81U)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utah State 457 Retirement Plan (87U)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	457 TIAA-CREF Retirement Plan (87T)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	_____

I hereby authorize Dixie State College Payroll Department to deduct the above amount(s) from my paycheck each pay period until I submit a new employee payroll deduction form.

Signature of Employee

Date Signed