

PANOLA COLLEGE
EMPLOYEE AUTHORIZATION FORM
FOR PAYROLL DEDUCTION

I hereby authorize Panola College, or its legal representatives, to deduct the amount shown below from my pay. This authority is to remain in full effect until Panola College has received payment in full or written notification from me of its termination in such time and manner as to afford the College a reasonable opportunity to act on it. Termination of employment voids this agreement.

Date: _____	
Employee: _____ SSN: _____	
Donation is for the following fund: _____	
Total Amount of Donation: \$ _____ Total Monthly Amount: \$ _____	
To be deducted from monthly payrolls beginning: _____ ending: _____	
.....	
FOR PAYROLL USE:	
Account No: _____	Payroll Code: _____

Employee Signature

Date

Human Resources

Payroll Entry Date