



OFFICE OF HUMAN RESOURCES

Payroll Deduction Authorization

Phone (859) 572-5200 • Fax (859) 572-6998

ALL CARD DECLINING BALANCE

START DEDUCTION

STOP DEDUCTION

CHANGE DEDUCTION

Name _____ SSN xxx - xx - _____

Department _____ HR ID _____

I would like to deduct: \$ _____ (Dollars) for each pay period. Pay Type: Biweekly Monthly

I hereby authorize the Northern Kentucky University offices of Human Resources and All Card Administration to effect this payroll deduction request for All Card Declining Balance, beginning at the next pay period, in the manner stated above. Deduction will continue until I revoke or change it by filing another form.

Signature _____ Date ____/____/____