



**Payroll Deduction Authorization**  
**Payroll Services**

**Instructions**

1. Complete employee information
2. Select deduction type, action, and beginning pay period for all desired deductions
3. Sign & date form
4. *Email to: corporation\_payroll@csumb.edu*

Employee Information		
OtterID	First Name	Last Name

Deduction Information						
Deduction Type (select all that apply)	Deduction Amount monthly	Action (select all that apply)			Effective Pay Period	
		New	Delete	Change	Month	Year
Gym Only	\$20.00					
Pool Only	\$20.00					
Gym/Pool	\$24.00					
PreTax-Parking	\$14.00					
<b>Please complete the link* <a href="#">Donation to CSUMB</a></b>	\$					

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative Signature