

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

The undersigned certifies that the following information is true and correct. This will authorize Luna Community College to deduct, change and/or cancel the specified deductions. Upon separation, I further authorize Luna Community College to deduct any unpaid balance in full.

Name _____
 ID or SSN _____
 Signature _____ Date _____

Pay Period: 1st only 2nd Only Both

Code	Description	Total Charge	Pay Period Amount
75AE	<input type="checkbox"/> LCC Bookstore Fees & Charges	_____	_____
Payable in _____ consecutive installments (not to exceed 7 consecutive installments without HR approval)			

Code	Description	Old Amount	New Amount
60AE / 60BE	<input type="checkbox"/> State Employee's Credit Union	_____	_____
61AE / 61BE	<input type="checkbox"/> Northern NM EF Credit Union	_____	_____
62AE / 62BE	<input type="checkbox"/> St. Gertrude's Credit Union	_____	_____
65AE / 65BE	<input type="checkbox"/> Bank of Las Vegas	_____	_____
66AE / 66BE	<input type="checkbox"/> Community 1st Bank	_____	_____
67AE / 67BE	<input type="checkbox"/> Wells Fargo	_____	_____
71AE / 71BE	<input type="checkbox"/> LCC Cafeteria	_____	_____
72AE / 72BE	<input type="checkbox"/> LCC Daycare	_____	_____
74AE / 74BE	<input type="checkbox"/> LCC Foundation	_____	_____
75AE	<input type="checkbox"/> LCC Fees & Charges	_____	_____

Received by: Marie Kavanaugh, Payroll Manager Date: _____