

DEDUCTION AUTHORIZATION FORM

Complete this form to initiate, terminate, or change a payroll deduction. Submit the completed form to the UVU Payroll Office (HF 101, MS 109, Fax No. 801-863-7005). A separate form must be completed for each transaction.

To start, change, or terminate an **Employee Giving Donation (UVU Fund)** payroll deduction, use Institutional Advancement's online Employee Giving form at the bottom of the University Giving Priorities page, <http://www.uvu.edu/give>.

Employee Name: _____ **Employee UV ID No.:** _____

Work E-mail Address: _____ **Work Telephone No.:** _____

I hereby authorize Utah Valley University (UVU) to initiate, terminate, or change the stated payroll deduction, as indicated on this form.

Deduction Details:

Effective Date: _____

Start a new deduction Terminate a current deduction Change a current deduction

Name of Payroll Deduction/Organization to Receive Deduction: _____

Dollar amount or percentage to be deducted each payroll period: \$ _____ or % _____

If making a change, CURRENT dollar amount or percentage deducted each payroll period: \$ _____ or % _____

*This form should not be used to start, change, or terminate an **Employee Giving Donation (UVU Fund)** payroll deduction. For employee giving donations, please use Institutional Advancement's online Employee Giving form at the bottom of the University Giving Priorities page, <http://www.uvu.edu/give>.*

1. I understand that if this form is missing any required information or conflicts with previously authorized deductions it may delay the initiation of the authorized deduction.
2. I understand that if I am initiating a new deduction or changing a deduction the authorized deduction may not take effect on my next paycheck due to the payroll processing cycle and when my Payroll Deduction Authorization Form is received by the Payroll Office.
3. I understand that if I am terminating a deduction the deduction may still be taken from my next check depending on the payroll processing cycle and when my Payroll Deduction Authorization Form is received by the Payroll Office.
4. I understand that the deduction may not be taken or a prorated portion of the deduction may be taken if I have insufficient income in any pay period(s) to cover the deduction and all other required and/or previously authorized deductions. Deduction amounts not taken may accumulate in arrears with the full arrears amount, or a prorated portion of the arrears amount, to be taken when sufficient income becomes available.
5. I authorize the Payroll Office to deduct any and all balances I owe the University from pay due to me at termination of employment with the University.
6. I understand that it is my responsibility to ensure all payroll deductions are taken correctly. UVU is not responsible for overpayment(s) or missed payments.
7. I understand that this authorized deduction will continue until I terminate employment with UVU or a Payroll Deduction Authorization Form is received by the Payroll Office to change or terminate this deduction.

Employee Signature: _____ **Date:** _____

Payroll Office Use Only

Received: _____

Entered: _____

Entered by: _____