



PAYROLL AUTHORIZATION

Authorization to Begin Deduction

I, _____, hereby authorize Fayetteville State University to deduct \$ _____ from my wages for _____ to become effective _____.

Signature

Banner ID

Date

Authorization to Change Deduction

I, _____, hereby authorize Fayetteville State University to change my deduction amount for _____ from \$ _____ to \$ _____ to become effective _____.

Signature

Banner ID

Date

Authorization to Cancel Deduction

I, _____, hereby authorize Fayetteville State University to cancel my deduction in the amount of \$ _____ for _____ to become effective _____.

Signature

Banner ID

Date

N. C. G. S. 143-553 provides that employees of the State, who owe money to the State, must make full restitution of the amount owed as a condition of continuing employment.

Submit Completed Form to University Payroll

Physical Address:
Carlton J. Barber Building,
Rooms 06B-06D

Fax Number: 910-672-1492
Email: payroll@uncfsu.edu