



**CLAFLIN UNIVERSITY**  
Orangeburg, South Carolina

**PAYROLL AUTHORIZATION**

**EMPLOYEE:** \_\_\_\_\_ **EMPLOYEE SS#:** \_\_\_\_\_

Please place a  by the change that applies to my payroll deductions.

**Insurance** \_\_\_\_\_  
(Name of Insurance Company)

Stop Deduction \$ \_\_\_\_\_  Start Deduction \$ \_\_\_\_\_

**Bank/Credit Union** \_\_\_\_\_  
(Name of Credit Union)

Stop Deduction \$ \_\_\_\_\_  Start Deduction \$ \_\_\_\_\_

**Retirement** \_\_\_\_\_  
(Name of Company)

Stop Deduction \$ \_\_\_\_\_  Start Deduction \_\_\_\_\_

**United Way** \_\_\_\_\_  
(Name of Company)

Stop Deduction \$ \_\_\_\_\_  Start Deduction \$ \_\_\_\_\_

**UNCF** \_\_\_\_\_  
(Name of Company)

Stop Deduction \$ \_\_\_\_\_  Start Deduction \$ \_\_\_\_\_

**Annuities** \_\_\_\_\_  
(Name of Company)

Stop Deduction \$ \_\_\_\_\_  Start Deduction \$ \_\_\_\_\_

**Other** \_\_\_\_\_  
(Name of Company)

Stop Deduction \$ \_\_\_\_\_  Start Deduction \$ \_\_\_\_\_

**Payroll Date Authorization to Begin** \_\_\_\_\_ **To End** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_