COLORADO STATE UNIVERSITY - PUEBLO
PAYROLL CHANGE AUTHORIZATION

DATE _____ NAME _____

PERSONAL ID # _____

I wish to make the following change to my paycheck:

_____ START   Deduction to: _____ $ _____

                   _____ One time only _____ Every month until

_____ CANCEL   Deduction to: _____

_____ CHANGE   Deduction to: _____

                   From $ _____   To $ _____

Effective _____/_____   _____

                                         Signature

==

FOR PAYROLL USE ONLY

DEDUCTION CODE _____

CLASS CODE _____