Dixie State University
Employee Payroll Deduction Form

Name:__________________________________________________________

DIXIE ID NUMBER:______________________________________________

Effective on Check Date: ___________________________________________
*(Note: Form must be received 7 business days prior to check date to be effective on that date)

Begin     End     Change     Total Amt To Be Deducted

☐ ☐ ☐ DSC Bookstore Account (9BK)  _____________

☐ ☐ ☐ Faculty Senate Dues (9FA)  _____________

☐ ☐ ☐ Staff Association Dues (9SA)  _____________

☐ ☐ ☐ Exempt Staff Association Dues (9EA)  _____________

☐ ☐ ☐ 457 TIAA-CREF Retirement Plan (87T)  _____________

☐ ☐ ☐ 403(b) TIAA-CREF Retirement Plan (83T)  _____________

☐ ☐ ☐ Utah State Retirement 401(k) Plan (81U)  _____________

☐ ☐ ☐ Utah State 457 Retirement Plan (87U)  _____________

☐ ☐ ☐ EMIA 401(k) Retirement Plan (81E)  _____________

☐ ☐ ☐ Other__________________________  _____________

I hereby authorize Dixie State University Payroll Department to deduct the above amount(s) from my paycheck each pay period until I submit a new employee payroll deduction form.

______________________________________________            ________
Signature of Employee                                                                        Date Signed