

# 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		<u>Total</u> Amt To Be Deducted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSC Bookstore Account (9BK)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty Senate Dues (9FA)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff Association Dues (9SA)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exempt Staff Association Dues (9EA)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	457 TIAA-CREF Retirement Plan (87T)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	403(b) TIAA-CREF Retirement Plan (83T)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utah State Retirement 401(k) Plan (81U)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utah State 457 Retirement Plan (87U)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMIA 401(k) Retirement Plan (81E)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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