



# FINANCIAL AFFAIRS - PAYROLL GUAM DEPARTMENT OF EDUCATION

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**JUDITH T. WON PAT, Ed.D.**  
Acting Superintendent of Education

## PAYROLL DEDUCTION AUTHORIZATION

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

School/Division: \_\_\_\_\_  
(Where do you work?)

Location Code: \_\_\_\_\_

Type of Deduction: Life \_\_\_\_\_ Health \_\_\_\_\_ Auto \_\_\_\_\_ Bank \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Account Number: \_\_\_\_\_ Total Number of Pay Periods: \_\_\_\_\_  
(15 Numbers/Letters or Less) (How many times do you want this to be deducted?)

I hereby authorize the Department of Education Financial Affairs – Payroll

Section to withhold from my bi-weekly wages the amount of \$ \_\_\_\_\_,  
(Amount to be deducted on every check)

effective the **pay period ending:** \_\_\_\_\_ and to make  
(NOT THE CHECK DATE but the **PAY PERIOD ENDING DATE**)

such deductions payable to \_\_\_\_\_  
(**VENDOR/COMPANY NAME** – Where the money is going to)  
unless otherwise advised.

*If this authorization is to supersede/change/replace an existing previous payroll deduction authorization going to the same vendor, CHECK MARK HERE and indicate the amount you are changing:*

**TO SUPERCEDE: \$ \_\_\_\_\_** (The **OLD AMOUNT**)

*SUPERCEDING payroll deduction authorizations DO NOT NEED the Signature of a Vendor Representative.*

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Signature of Vendor Representative

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Employee's Signature