



FINANCIAL AFFAIRS - PAYROLL GUAM DEPARTMENT OF EDUCATION

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

PAYROLL DEDUCTION AUTHORIZATION

Date: _____

Employee Name: _____

Employee ID Number: _____

School/Division: _____ Location Code: _____
(Where do you work?)

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.

Signature of Vendor Representative

Employee's Signature