

# Cumberland County College- Workforce *Payroll Deduction Authorization*

Check (✓) one:

\_\_\_\_\_ I authorize Cumberland County College to withhold  
\$ \_\_\_\_\_ a paycheck beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ for  
\_\_\_\_\_ pay periods for a total of \$\_\_\_\_\_.

OR

\_\_\_\_\_ I authorize Cumberland County College to withhold a one-time  
amount of \$ \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

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

Signature: \_\_\_\_\_

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Office Use:

Original Copy to send to Payroll.

Copy is kept in student file.

Employee # _____
State Date: _____
End Date: _____
Total: _____