

**California State University, Fresno Association, Inc.
Payroll Deduction Authorization Form**

I. Employee Information			
Last Name:		First Name:	
Address:		City/State/Zip:	
Aux ID#:		Phone:	
Email:			
II. Purchase Information (Total payroll deduction amount cannot exceed \$2,000)			
Item Description		Purchase Amount	
Total Transaction Amount :			
III. Deduction Information			
Payment Option (employee please select):			
☐ 6 pay periods (3 months) ☐ 12 pay periods (6 months) ☐ 24 pay periods (12 months)			
VI. Authorization			
Effective on the date listed above, I authorize my employer to deduct the amount stated from each of my payroll checks for the designated time period. If my employment should end, I understand that I am required to pay any outstanding balance upon separation. If I fail to make payment of the outstanding balance upon separation, interest will accrue at a rate of ten (10) percent per year. I understand that for all items purchased on one sales ticket/transaction, all items will be included on one payroll deduction agreement and that only one payroll deduction agreement is allowed to be outstanding at any time.			
Signature:			Date:
<i>To be completed by Auxiliary Human Resources</i>			
<i>Start date:</i>	<i>End date:</i>	<i>Amount per pay period:</i>	<i>Date copy sent to employee:</i>
<i>Date Received from Kennel Bookstore</i>		<i>Date posted by Auxiliary Human Resources:</i>	