



CITY OF DURHAM
Authorization for Miscellaneous Payroll Deduction

EMPLOYEE NAME: (PLEASE PRINT) LAST NAME FIRST NAME MIDDLE NAME

EMPLOYEE NUMBER: DEPT./DIV.

PAYROLL: Weekly Biweekly

Effective with the payroll beginning DATE I hereby authorize the City of Durham to:

(1) deduct from my earnings, \$ per WEEKLY/BIWEEKLY/MONTHLY for

(2) increase/decrease my deduction for from \$ to \$ per WEEKLY/BIWEEKLY/MONTHLY

(3) stop deduction from my earnings, \$ per WEEKLY/BIWEEKLY/MONTHLY for

The amount of the deduction in item (1) above shall be paid to:

Three blank lines for bank account information.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNLESS TERMINATED OR CHANGED BE ME IN WRITING UPON TEN (10) WORKING DAYS' NOTICE TO THE CITY OF DURHAM, ACCOUNTING DIVISION.

DATE:

EMPLOYEE'S SIGNATURE

STREET ADDRESS

CITY STATE ZIP CODE