

## FINANCIAL INSTITUTION DEDUCTION AUTHORIZATION

See Management Directive 315.7.

EMPLOYEE NAME	EMPLOYEE NUMBER	DEPARTMENT NAME
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I hereby authorize the Commonwealth of Pennsylvania to

(Check one)

Start

Stop

Change

bi-weekly payroll deductions to the Financial Institution shown below. Payroll deductions should begin as soon as practicable after the effective date shown.

BI-WEEKLY PAYROLL DEDUCTION  \$	EFFECTIVE DATE	EMPLOYEE SIGNATURE
FINANCIAL INSTITUTION USE ONLY	FINANCIAL INSTITUTION NO.	FINANCIAL INSTITUTION NAME
	BRANCH NO.	BRANCH NAME
	MEMBER ACCOUNT NO.	APPROVAL SIGNATURE
PERSONNEL USE ONLY	EFFECTIVE WITH PAY DATE OF	

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