

Name _____
(Last) (First) (Initial)

Account Number _____

I would like to have my Payroll Deduction distributed as indicated:

Type of Account/Loan	Suffix	Amount Per Month	Amount Per Payday
Total		\$	\$

Beginning with my warrant dated _____ 20____

Employer _____ Work Phone _____

Signature _____ Date _____

Name _____
(Last) (First) (Initial)

Payroll Reference Number or Social Security Number _____

Payroll Office: I hereby authorize you to deduct \$ _____ from my pay each pay period until further notice and send to:



**P.O. Box 408
Olympia, WA 98507-0408**

Beginning with my warrant dated _____ 20____

(All previously authorized deductions are hereby cancelled.)

Employer _____ Work Phone _____

Signature _____ Date _____