

CANKDESKA CIKANA

COMMUNITY COLLEGE

PO BOX 269

FORT TOTTEN, ND 58335

701-766-4415

**Payroll Deduction Form**

I authorize the Cankdeska Cikana Community College Payroll Bookkeeper to make the following payroll deduction. I understand that each time a deduction is made a $3.00 service fee will also be deducted.

Deduct:\_\_\_\_\_\_\_\_\_ Total Amount Due:\_\_\_\_\_\_\_\_Deduction Code (office use)\_\_\_\_\_\_

Frequency: Weekly \_\_\_\_ Four times per month \_\_\_\_ Other: \_\_\_\_\_One time deduction \_\_\_\_\_

Beginning: Pay period \_\_\_\_\_\_\_\_ Check Date \_\_\_\_\_\_\_\_\_

Ending: When total amount due is met \_\_\_\_\_\_\_ Indefinitely\_\_\_\_\_\_ Until notified \_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Forward Deduction To:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee # \_\_\_\_\_\_\_\_\_\_ Employee (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

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Cankdeska Cikana Community College Representative Date