CHICAGO THEOLOGICAL SEMINARY

PAYROLL DEDUCTION - REQUEST AND AUTHORIZATION FORM

NAME_____ SOCIAL SECURITY #_____

AMOUNT AND DATE OF PAYROLL DEDUCTION

Please make the deduction from my paycheck as follows:

For a <u>single</u> payroll deduction:

Amount $_____ Payroll Date _____
                                                                (15th or last day of the month)

For a <u>recurring</u> payroll deduction:

Amount $_____ x _____ = $_____ Starting Payroll Date_____
          (per paycheck)   (# of paychecks)   (total payroll deduction)   (15th or last day of the month)

REASON **Voluntary** ☐ **Reimbursement** ☐

The purpose of the payroll deduction is to pay for:

_____

AUTHORIZATION

As the payroll check recipient, I am authorizing this payroll deduction. If the purpose of this request is to **reimburse** *the Chicago Theological Seminary, I understand that if I terminate my employment before the reimbursement is complete, that I must satisfy any balance due. This can be done by paying the amount immediately or a deduction of the balance from my final paycheck.*

_____ _____
(Signature)   (Date)