



Payroll Deduction Authorization/Cancellation

021/011

DED/Org Code

Last Name, First Name, Middle Initial

Social Security No.

CSUN ID Number

Department Name

Extension

University Student Union/Student Recreation Center

Organization Name

I hereby authorize the state controller to deduct from my salaries and wages the amount specified now or in the future for membership dues and any benefit program for which I have applied, which is sponsored by the above named organization.

This authorization will remain in effect until cancelled by me or by the above named organization.

I certify I am a member of the above named organization and understand that termination of membership will cancel all deductions made under this authorization.

Check one:

- ☐ Please start my payroll deduction
- ☐ Please cancel my payroll deduction

Monthly Payroll Deduction Rate: **\$40.67**

Signed

Date