

North Carolina Agricultural and Technical State University

CAMPUS RECREATION CENTER

PAYROLL DEDUCTION AUTHORIZATION

Name			_
Home Address			
City, State & Zip			
Banner #			_
Telephone #			
Email			_
Please check one:	Permanent Staff	12 months (\$10.00)	
Employment status:	Faculty Temporary Staff	9 months (\$13.33) Biweekly (\$5.00)	
I hereby authorize North Card	olina A&T State Univers	ity to:	
Deduct \$ deductions 30 days in advanc		notify you in writing to discontinue	
OR			
One-time deduction of \$ _	from	n paycheck	
Signature		Date	

