BLINN COLLEGE

# SPECIAL PAYROLL DEDUCTION AUTHORIZATION

I, _____, _____, authorize Blinn College to
Name Blinn ID #
reduce my paycheck in the amount of $_____ for _____ pay cycles or from
Number
_____ through _____.
Date Date

The purpose of this deduction is to:

_____

_____.

_____ _____
Signature of Employee Date

_____ _____
HR Director Date