



UNIVERSITY OF GUAM
UNIBETSEDĀT GUAHAN

Administration and Finance
Payroll Office

60th Anniversary Capital Campaign

TRITON DEVELOPERS

PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name _____
ID # _____
Contact Number ☎ _____
 Department / Unit _____

Vendor UOG FOUN (UG64) _____
Account Number CAPITAL CAMPAIGN FUND _____
Amount per Payday _____
Effective Date _____

Type of Deduction Savings Checking (D) Loan
(Please check one if applicable)

- *I hereby authorize UOG Payroll to withhold from my bi-weekly wages the amount and remit to the vendor stated above.*
- *I am fully aware that the UOG Payroll will be responsible in reporting each pay period deduction but WILL NOT BE responsible for maintaining records of unpaid balances or accumulated deductions. The vendor receiving payroll deduction payments shall maintain such records.*
- *Furthermore, I am aware that the processing time for the release of the payroll deduction payments will take up to five (5) working days after payday Friday.*

Signature of Employee

Date