



**AUTHORIZATION TO
STOP
PAYROLL DEDUCTION**

PAY CHECK EFFECTIVE DATE _____

SOCIAL SECURITY NUMBER _____

I, _____, an employee of the District Board of Trustees of Pensacola Junior College, authorize Pensacola Junior College to stop the following amount previously being deducted:

\$ _____ or _____ %

The above deduction was being remitted to:

Company Name

Employee Signature

Date

Department

Extension