AUTHORIZATION TO _S T O P_ EARNINGS WITHHELD

Print Name: _____   **I.D. #** _____

I hereby request Andrews University to **STOP** the following deduction: $ _____

_____ %

from each of my bi-weekly payroll checks for (check one):

my AU account   **other AU account:** _ID #_ _____

payroll deduction: _____   _Name_ _____

My authorization becomes effective on Pay # _____ (see payroll schedule) Year 200__.

Signature: _____

Date: _____

Please submit completed form to Payroll office