Payroll Services

Print Form

Payroll Deduction Authorization Form

Complete this form to initiate, change, or terminate deductions from your paycheck.

Part I: Employee Information

Last Name _____   First Name _____   Middle Initial _____

Employee ID _____   Cornell E-mail _____   Cornell Phone _____

Part II: Department Information

Unit Type: ○ Endowed   ○ Contract College   Department Name _____

Part III: Deduction Information

What would you like to do? ○ Initiate a deduction ○ Terminate a deduction ○ Change a deduction

Name of Deduction _____

Dollar Amount to Deduct Each Pay Period _____   Goal Amount to Deduct (if needed) _____

Part IV: Employee Authorization

1. I hereby authorize the Cornell University Payroll office to initiate, terminate, or change a payroll deduction, as appropriate, based on my selection above.
2. I understand that if I am terminating a payroll deduction, the deduction might still be taken during the current payroll cycle due to the time needed to process the termination.
3. I understand that, if I am changing a payroll deduction, the change might not take effect during the current payroll cycle due to the time needed to process the change.

_____   Date _____
Employee Signature

For Payroll Use Only

Entered By _____   Date _____