

**SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE**

**PAYROLL DEDUCTION
AUTHORIZATION FOR UNION DUES**

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

I hereby authorize Southern Illinois University Edwardsville to deduct the amount indicated on this card from my pay each month. This deduction is to be made in accordance with the State Salary and Annuity Withholding Act.

Deduction for: _____ Per Pay Amt \$ _____
Organization

Name: _____ Banner ID Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Effective Pay Period: _____ Payroll ID: _____

SIGNATURE: _____ DATE: _____
FY23 – previous versions obsolete

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