

AMERICAN SAMOA COMMUNITY COLLEGE PAYROLL DEDUCTION FORM

EMPLOYEE: _____

Effective Payperiod Ending: _____

Approval (if necessary) _____

CHANGES IN PAYROLL DEDUCTION

	Increase / New	Decrease	Stop	Hold (Temp)	From Amount	To Amount	Comments:
1 ANZ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -		Checking Acct: _____ Savings Acct: _____ Loan Acct: _____
2 All other Banking Insitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -		Checking Acct: _____ Savings Acct: _____ Loan Acct: _____
3 Developpment Bank (ASDB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	Checking Acct: _____ Savings Acct: _____ Loan Acct: _____
4 ASPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	
5 ASTCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$ -	Phone: _____
6 CABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	
7 INSURANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	Specify Insurance: _____
8 ASCC Tuition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	Apply tuition to: _____
9 ASCC Travel Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	Total Amt to Deduct: _____
10 Others (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	

A copy of recent documentation from the institution with complete address and account information is required for each deductions. These documents must be reviewed by the Payroll Department prior to authorization.

SPECIAL INSTRUCTION:

I HEREBY AUTHORIZE THE AMERICAN SAMOA COMMUNITY COLLEGE PAYROLL DEPARTMENT TO MAKE PAYROLL DEDUCTIONS FOR THE ITEMS INDICATED ABOVE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM ASCC PAYROLL DEPARTMENT OF ANY CHANGES *AT LEAST 1 WEEKS PRIOR TO EFFECTIVE DATE*. I FURTHER UNDERSTAND THAT IT IS MY RESPONSIBILITY TO FOLLOW UP WITH THE INSTITUTION FOR WHICH THE ABOVE DEDUCTIONS ARE BEING MADE TO ENSURE THAT THE FUNDS ARE POSTED TO MY ACCOUNT.

Employee Signature: _____

Payroll Specialist Signature: _____

Processed by: _____

Date Processed: _____