



Business Office

Payroll Deduction Enrollment Form

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901
FAX (714) 681-7421

Employee Name _____

Student Name _____ ID# _____

In the Amount of \$ _____ per payroll. For a total of \$ _____

Beginning Date _____ Ending Date _____

Employee Signature _____ Date _____

Comments _____

FOR OFFICE USE ONLY:

Approved by Student Account Counselor _____
Signature

Copy to Employee _____ Original to Payroll _____
Date Date

Entered into Payroll System _____ Date _____
Initials