St. Norbert College Payroll Deduction

Name_____ ID#_____

Payment Request

Payroll deduction of $_____to SNC Parish: (check one of the following)

_____Bi-weekly (until written notification to discontinue is received)

_____One time

_____

Signature (required to authorize payroll deduction)

Effective date:_____

Please return to SNC Payroll Department

Thank you for your support!