

Arkansas State University
AAUP Payroll Deduction Authorization
Human Resources – PO Box 1500, State University, AR 72467
870-972-3454 FAX: 870-972-3337

Employee Name: _____

Employee ASU ID Number: _____

Department: _____

Address: _____

Phone Number (Home): _____ (Work): _____

Email Address: _____

Total Dues Amount: _____

Amount to be deducted per pay period: _____

To be payroll deducted and paid in full by May 15, 2011.

I authorize ASU to deduct the cost of these charges from my paycheck.

Signature: _____

Date: _____