



DINÉ COLLEGE

THE HIGHER EDUCATION INSTITUTION OF THE NAVAJO NATION SINCE 1968

AUTHORIZATION FOR PAYROLL DEDUCTIONS

I, _____, hereby authorize the Diné College
Full Name ID#

Payroll Department to deduct the following from my bi-weekly paycheck:

Name: _____ Tuition: \$ _____

ID#: _____ Reg. Fee(s): \$ _____

Semester: _____ Bookstore: \$ _____

Other: \$ _____

\$ _____ 'Power of Education' Diné College Blanket

\$ _____ Scholarship Fund: _____

\$ _____ Fundraiser Purchase: _____

And, any other charges incurred by me or by my family, not paid for in cash, while I am employed by the College.

These deductions are in addition to payroll deductions required by law for Federal, State and Social Security (FICA) taxes. Furthermore, I understand that any modification to this authorization requires approval by the Diné College Controller.

Date Signed

Employee Signature

Total number of deductions: _____

THIS SECTION IS FOR PAYROLL OFFICE USE ONLY

I verify the current and permanent employment status of the employee that has authorized payroll deduction(s).

Signature of Payroll Personnel

Date Signed