NOTICE TO THE STATE CONTROLLER OF PAYROLL DEDUCTION AUTHORIZATION

The State Controller is hereby authorized to add, delete, or change the payroll deduction for the below-named employee.

(FILL-IN FORM (USE TAB TO MOVE BETWEEN FIELDS), OR PRINT TYPE OR HAND WRITTEN FORM BELOW)

NAME OF COMPANY OR ORGANIZATION

EMPLOYEE IDENTIFICATION						
Employee ID Number	First Initial	Last Name				

DEDUCTION INFORMATION									
Deduction Organization	Organization	Deduction Amount	Type of Change (check ONE box)			Pay Period			
Code	Code Code		NEW	DELETE	CHANGE	Month	Year		
			1	2	3				

I CERTIFY THAT AUTHORIZATION FOR PAYROLL DEDUCTIONS SIGNED BY THIS EMPLOYEE AND APPOINTING THE ABOVE-NAMED COMPANY OR ORGANIZATION AS HIS/HER AGENT IS ON FILE IN THIS OFFICE.

Colleen Haws

DATE

SIGNATURE OF AUTHORIZED COMPANY OR ORGANIZATION OFFICIAL

PHONE NUMBER:

Send to: State Controller's Office, Personnel/Payroll Services Division Attn: Miscellaneous Deductions Unit PO Box 942850, Sacramento, CA 94250-5878

FORM CD88 (Rev. 02/16) PAYROLL DEDUCTION AUTHORIZATION

PAYROLL DEDUCTION AUTHORIZATION

/154 DED/ORG CODE

PRINT: LAST NAME FIRST M.I. EMPLOYEE ID NO.

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS ORGANIZATION NAME

I HEREBY AUTHORIZE THE STATE CONTROLLER TO DEDUCT FROM MY SALARIES AND WAGES THE AMOUNT SPECIFIED NOW OR IN THE FUTURE FOR MEMBERSHIP DUES AND ANY BENEFIT PROGRAM FOR WHICH I HAVE APPLIED. WHICH IS SPONSORED BY THE ABOVE NAMED ORGANIZATION.

THIS AURTHOIZATION WILL REMAIN IN EFFECT UNTIL CANCELLED BY ME OR BY THE ABOVE NAMED ORGANIZATION.

I CERTIFY I AM A MEMBER OF THE ABOVE NAMED ORGANIZATION AND UNDERSTAND THAT TERMINATION OF MEMBERSHIP WILL CANCEL ALL DEDUCTIONS MADE UNDER THIS AUTHORIZATION.

SIGNED: _____ DATE: _____

Please note that the Parking Payroll Deduction will be considered as Pretax "360" funds. If you choose to have "After Tax – 050" a letter must be submitted to the State Controller's Office.