Mountwest
Community & Technical College

Name _____

Banner ID # _____

By signing below I wish for the following marked deduction/s to be withheld from my pay:

		Annual Amount	Amount per Pay	PAYROLL USE ONLY Type Code	Pay Frequency
☐	Mountwest Foundation	_____	_____		
	Designation: _____				
☐	_____	_____	_____	_____	_____
☐	_____	_____	_____	_____	_____
☐	_____	_____	_____	_____	_____

I agree to have the above deductions withheld from my pay. I understand if that at any point I wish to stop having the above deduction withheld that I must notify the Mountwest Payroll Office in writing.

_____   _____
Signature   Date

Payroll Use Only:

OASIS # _____

Pay Effective Date for Change _____

Entered in OASIS by: _____   Date _____