



DEPARTMENT OF ADMINISTRATION  
(DIPATAMENTON ATMENESTRASION)  
PAYROLL SECTION  
(SEKSION SUETO)

Post Office Box 884 ✦ Hagatna, Guam 96932  
Tel. No. (671) 475-1279/1195 ✦ Fax No.: (671) 472-9794

# PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE'S NAME		DATE		
MAILING ADDRESS		SOCIAL SECURITY NUMBER		
DEPARTMENT/AGENCY		DEPT. NO.		
EMPLOYEE'S CONTACT NUMBERS		HOME:		
Work:	Ext No.:	Pager:	Cellular:	
TYPE OF DEDUCTION	<input type="checkbox"/> LIFE	<input type="checkbox"/> HEALTH	<input type="checkbox"/> AUTO	<input type="checkbox"/> BANK
	<input type="checkbox"/> OTHER: <i>(Please Specify):</i> _____			
ACCOUNT NUMBER	PRIORITY CODE	TOTAL AMOUNT OF DEDUCTION	NUMBER OF PAY PERIODS	
FREQUENCY CODE:		1 _____		
		2 _____		
		3 EVERY PAY PERIOD		

I hereby authorize the Department of Administration, Payroll Division, to withhold from by bi-weekly wages the amount of \_\_\_\_\_ effective the pay period ending \_\_\_\_\_ and to make such deductions payable to

AGENCY

unless otherwise advised.

IN ADDITION TO THE PAYROLL DEDUCTION AUTHORIZATION, BY VIRTUE OF OUR SIGNATURES (EMPLOYEE, RETIREE, SURVIVOR, AND AGENCY REPRESENTATIVE) WE HEREBY DECLARE THAT THE DEDUCTION TRANSACTED HEREIN IS NOT FOR ANY FORM OF LIFE INSURANCE.

\_\_\_\_\_  
SIGNATURE OF AGENCY REPRESENTATIVE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE