



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			
Work:	Ext No.:	Pager:	Cellular:
			HOME:
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:	<input type="checkbox"/> 1	_____	
	<input type="checkbox"/> 2	_____	
	<input type="checkbox"/> 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