

PAYROLL DEDUCTION AUTHORIZATION FORM



DPA

Complete this form to initiate, terminate, or change a payroll deduction, and submit the completed form to your payroll office. A separate form must be completed for each transaction.

Employee Name: _____ Employee ID No.: _____

Department/Agency: _____ Org. ID: _____

Work E-mail Address: _____ Work Telephone No.: _____

Check the appropriate box.

Initiate payroll deduction Terminate payroll deduction Change payroll deduction

1. I hereby authorize the State of Colorado to initiate a payroll deduction, terminate a payroll deduction, or change a payroll deduction, as appropriate based on the box I have checked above.
2. I understand that if I am initiating or changing a payroll deduction, the deduction may not be made if I have insufficient income in a pay period to cover this and all other required (e.g., taxes and PERA) and authorized deductions, and will not hold the State of Colorado liable for any deductions not made.
3. I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination, and will not hold the State of Colorado liable for any deductions made. It will be my responsibility to collect from the organization any overpayment that may result.
4. I understand that if I am changing a payroll deduction, the change may not take effect during the current payroll cycle due to the time needed to process the change, and will not hold the State of Colorado liable for any deductions. It will be my responsibility to collect from the organization any overpayment or pay to the organization any short payment that may result.

Name of organization to receive the payroll deduction (a separate form must be completed for each organization):

Dollar amount or percent to be deducted each pay period: _____

(For changes only, current dollar amount or percent deducted each pay period: _____)

Employee signature: _____ Date: _____

FOR PAYROLL USE ONLY

Entered By: _____ Date: _____ GTN: _____