

**Payroll Deduction Authorization
for
Supplemental 403b Retirement Accounts**

Part A: To be completed by Employee

1. Employee Name: _____ 2. CWID: _____

3. Vendor: TIAA-CREF

VALIC

4. Amount to be contributed annually:
(Check one option)

Maximum Allowed

\$19,000

\$25,000 (If age 50 or older)

Annual Dollar Amount: \$ _____

Per Pay Amount: \$ _____

Percentage Amount: _____%

Stop/End Deduction

5. Number of pay periods: 12 Month Employee (24 pay periods)
9 Month Employee (18 pay periods)
10 Month Employee (20 pay periods)
10 ½ Month Employee (21 pay periods)

Voluntary deduction will start, change, or end on the next available pay period once form is received by the Payroll office. This deduction authorization will remain in force until otherwise instructed by a new Authorization Form.

Signature: _____ Date: ____/____/____

Part B: To be completed by Payroll Office

Date Received: ____/____/____

Next Available Pay Date: ____/____/____

Date entered: ____/____/____

Deduction Code: _____

Per Pay Deduction Amount: \$ _____

Signature: _____ Date: ____/____/____

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