AUTHORIZATION TO *S T O P* EARNINGS WITHHELD

Print Name:_____I.D. # _____

I hereby request Andrews University to STOP the following deduction: $_____
L I   V W R S S L Q J   ___G H G X F W L R Q   0 8 6 7   V X E P L W   Z%W K   H O H F W U R Q L

from each of my bi-weekly payroll checks for (check one):

pleted form to Payroll office

D\U R O O   2 I I L F H   8 V H   2 C

5   G   B B B B B B B B B B B B U R F V

'   B B B B B B B W H B B B B B B