NORTHERN MARIANAS COLLEGE         Finance Office         P.O. Box 501250, Saipan, MP 96950         APPLICATION AND AUTHORIZATION         TO START OR STOP PAYROLL ALLOTMENT						
Instruction: Section I : Complete employee informat Section II : To START Allotment, complet Section III : To STOP Allotment, complete						
Section I: Employee Information						
Name of Allotter: Last First Where Employed (Island):Department/A			Employee ID No.: MI tivity:Phone/Ext#:			
Section II: Request and Approval to START Allotment						
Amount of Bi-weekly Allotment (Write out amount in words & figures)           \$         Net Pay						
Begin Allotment (Pay Period): A/R Acct# (for F.O. use only)						
Name of Bank or Financial Institution:         Routing#         Please include routing# in the box on the left			200	Type of Account: Savings Checking (No Ioan account or credit card payments/direct deposits)		
Acknowledgement: I hereby request and authorize an allotment to be paid each payday, or described above, subject to approval, and to continue from the period stated until revoked by me in writing.				BY:		
Signature of Allotter		Date	Payroll Off	icer	Date	
Section III: Request and Approval to STOP (Discontinue) Allotment						
Amount of Bi-weekly Allotment (Write out amount in words & figures)  Net Pay						
Stop Allotment (Pay Period):				Account Number:		
Name of Bank or Financial Institution:				be of Account:	Savings Checking	
Acknowledgement: I here approved payroll allotmer		e of previously authorized and d above.	APPROVED	BY:		
Signature of Allotter		Date	Payroll Off	icer	Date	