



13466 W. Trepania Road
Hayward, WI 54843

PAYROLL DEDUCTION AUTHORIZATION FORM

I, _____ authorize the Lac Courte Oreilles Ojibwe University
to deduct \$_____ or _____% per pay period from my payroll payment.

This payroll deduction is for the TIAA pension plan and is authorized to begin on pay date:
_____ and will continue until further notice.

Employee Signature

Date