

**PAYROLL SERVICES
WASHINGTON STATE UNIVERSITY
PULLMAN, WA 99164-1025**

I hereby authorize WSU to withhold

<i>Amount to Withhold</i>	<i>Bond Value</i>	<i>Which Pay Cycle</i>
<input type="checkbox"/> \$ 50.00	\$ 100.00	<input type="checkbox"/> Each Payday
<input type="checkbox"/> 100.00	200.00	<input type="checkbox"/> First Payday
<input type="checkbox"/> 250.00	500.00	<input type="checkbox"/> Second Payday
<input type="checkbox"/> 500.00	1,000.00	

I wish to purchase U.S. Savings Bonds-Series EE.
This deduction will begin in the next pay cycle.
This authorization is in effect until I advise WSU to change or cancel it.

Signature

Date

Print Employee Name <i>Last First Middle</i>			Social Security Number
Co-owner <input type="checkbox"/> or Beneficiary <input type="checkbox"/> Check one, if either is desired.			
Print Name <i>Last First Middle</i>			Social Security Number
Changes:			
<input type="checkbox"/> Co-owner			
<input type="checkbox"/> Beneficiary			
<input type="checkbox"/> Amount Withheld <i>From \$</i>			<i>To \$</i>
<input type="checkbox"/> Cancel Withholding for Savings Bonds			
Savings Bond Program			WSU1343CONTR1431190