ILLINOIS
ADMINISTRATIVE & REGULATORY SHARED SERVICES CENTER

PAYROLL DEDUCTION AUTHORIZATION FORM

☐ New ☐ Change ☐ Revocation

I hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act.

Deduction for_____
Payee Name Payee Code No.

Name_____
Last Name First Middle

Street_____City_____

Social Security Number_____ Payroll Code No._____

Agency: ☐ Central Management Services ☐ Financial & Professional Regulation ☐ Gaming Board
☐ Insurance ☐ Racing Board ☐ Revenue

Initial Deduction: Per Pay Period $_____ Effective Pay Period_____

Month $_____ Date_____

SSC-1 (R-8/10)
IL-492-1006

Signed_____

Instructions for Completion

Please complete the form in full including your signature and send to the Administrative & Regulatory Shared Services Center Payroll Office.

Mailing Address:

A & R Shared Services Center
Payroll Office
101 West Jefferson Street, 3-110
Springfield, IL 62702

Or you can fax the signed completed form to ATTN: Payroll Office at 217 785-7702.

If you have any questions, please contact the Payroll Office at 217 782-7638.