



**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  
 Revenue     Lottery     Racing Board

Initial Deduction: Per Pay Period \$ \_\_\_\_\_ Effective Pay Period \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_  
Month \$ \_\_\_\_\_ Date \_\_\_\_\_  
M M D D D D Y Y

SSC-1 (R-3/13)  
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 Section.

Mailing Address:

A & R Shared Services Center  
Payroll Section  
101 West Jefferson Street, 5-110  
Springfield, IL 62702

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

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

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