

Office Use: _____

Southern New Hampshire University Professional Employees Association (SNHUPEA) Salary Deduction Agreement

Name: _____

SS OR SNHU ID (Datatel) #: _____

Effective date: _____

Please Check One:

_____ I elect to have my annual SNHUPEA dues of \$75 taken out of my paycheck in equal installments over a three (3) month period and sent to SNHUPEA. The deduction from each of my next paychecks will be \$ 25.

_____ I authorize a one-time payment of the total SNHUPEA dues of \$75 for the current academic year to be deducted from my paycheck in the next pay cycle and sent to SNHUPEA.

Employee signature

Date

SNHUPEA Treasurer

Date

Note:

After the employee completes this form, please send to the SNHUPEA treasurer, who will then forward it to the Payroll Office.

Alternatively, you may send a check(s) payable to SNHUPEA to the SNHUPEA treasurer.
Thanks.

SNHUPEA Treasurer: Christie Lenda, mail code CE.