



WWW.ASA.EDU

AUTHORIZATION FOR PAYROLL DEDUCTIONS FOR ASA COLLEGE VEHICLE USAGE

I _____ hereby
authorize ASA College to deduct _____ from my payroll check to cover the cost of:

when I used ASA College vehicle.

I also acknowledge that the primary purpose of this car is for ASA's business use only and should not be abused.

Employee's Signature: _____ Date _____

PAYROLL/HR OFFICE USE ONLY

Employee Name: _____ Employee ID#: _____

Department: _____

Title: _____

Starting Pay Date: _____ Ending Pay Date: _____

Deduction Amount: _____

Employee Signature: _____ Date: _____

DOWNTOWN BROOKLYN

81 Willoughby Street
Brooklyn, NY 11201
Tel.: 718 - 522-9073

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center
New York, NY 10001
Tel.: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street
North Miami Beach, FL 33160
Tel.: 786-279-1740