



Human Resources Department  
Payroll Section

**Payroll Authorization for MHCXpress Account**

Name:	Department:
Payroll: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly	SS#:

Start Date: \_\_\_\_\_  Stop Date: \_\_\_\_\_  
 \$ \_\_\_\_\_ Per Pay Period    \$ \_\_\_\_\_ One Time Amount

I authorize Mount Holyoke College to deduct the amount specified above from my paycheck. These funds will be deposited to my MHCXpress account and will be available to me for use with the OneCard.

Signature:	Date:
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Please cancel my payroll deduction for my MHCXpress account as of \_\_\_\_\_

Signature:	Date:
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Human Resources Use Only

Input by: \_\_\_\_\_ Date: \_\_\_\_\_

