



Payroll Deduction

Date _____

Employee or Student's Name (Please print) _____

Banner ID _____

Deduction Codes (DC)			
Accounts Receivable (Undergrads & Employees ONLY)			
Payroll DC#	506 Summer	507 Fall	505 Spring
Graduate Payroll Deduction (Grads ONLY)			
Payroll DC#	521 Summer	522 Fall	520 Spring

Agreement

By signing below, I acknowledge and agree that _____ installments of \$ _____ will be deducted each pay period for a grand total of \$ _____ and applied towards DC# designated.

Employee or Student Signature _____

Date _____

BUSINESS OFFICE USE ONLY	
Students Acct's Signature _____	Date _____
Payroll Deduction Cancellation _____ (signature or authorization-i.e. phone)	Date _____

Submit original form to Payroll. Submit a copy to Student Accounts. Submit a copy to Travel. The student should also retain a copy.