AUTHORIZATION TO WITHHOLD CAMPUS CARD DECLINING BALANCE DEPOSIT AMOUNTS FROM PAYROLL

NAME: _____

SOCIAL SECURITY #: _____

DEPARTMENT: _____

BI-WEEKLY PAYROLL
DEDUCTION AMOUNT: $_____**

EFFECTIVE DATE: _____

☐ This is a first time payroll deduction request

☐ This is a change to my current deduction amount

☐ Please end my deduction as of the effective date listed above.

SIGNATURE: _____

A mimimum $5 bi-weekly payroll deduction amount must be requested to be eligible.

AMOUNTS WITHHELD FROM PAYROLL TO BE DEPOSITED TO YOUR CAMPUS CARD DECLINING BALANCE ACCOUNT WILL BE AVAILABLE FOR USE EFFECTIVE EACH PAY DATE.

Please fill out this form and return it to the Card Office, Lower Level, Starbuck Center.