



Payroll Deduction Authorization

Employee Name: _____

ASU ID #: _____

Department: _____

ASU Email: _____

Work Phone: _____

Home Phone: _____

Student Name: _____

Student ASU ID: _____

(if paying for dependent)

Declaration

- A. I authorize Arkansas State University to deduct the cost of the charges below from each paycheck at a rate to be distributed over the contract.
B. I agree to clear all charges either through payroll checks or personal resources. Any unpaid charges shall remain my liability and may be remitted to a collection agency and reported to a credit bureau. I agree to bear all collection costs and attorney's fees associated with the collection of this account.
C. I understand Arkansas State University has the right to attach any Arkansas State Tax Refund I might have to any delinquent balance according to ACT 372 of 1983 as amended.
D. I hereby acknowledge responsibility for the amount listed by signing below. The basis for these charges have been fully explained to me and I understand I will be held liable for this debt according to the terms of this agreement. I agree to pay these charges in full by the terms specified in this agreement.

Table with 3 columns: Deductions, Total Amount, Number of Pay Periods. Rows include: 15 for \$60 Meal Plan, Fitness Center, Faculty/ Staff Housing, Tuition, Fees, Room, Board, Dependent Tuition, Fees, Room, Board, Student/Employee Misc Balance.

Explanation: _____

Employee Signature: _____

Date: _____

Campus Card Center's Signature: _____

Date: _____