



PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE INFORMATION

Name: _____ Banner ID: _____ SSN (last four digits): _____

Daytime Phone: _____ Email: _____

Payroll Type: _____ Employee Class: _____ Student Class: _____

Deduction is applicable to other than the employee identified above. Please credit to:

Name: _____ Banner ID: _____

Social Security Number (last four digits): _____

DEDUCTION INFORMATION

All deduction frequencies are MONTHLY.

Select One	Deduction Type	Max Deductions	Additional Data	Monthly Amount	Total Amount
	Tuition and Fees	Fall/Spring - 3 Summer - 2	Term:		
	Child Development Center	12			
	Parking	3	Lot:		
	Health & Wellness Center	1	Plan:		
	Season Tickets - Football	3			
	Season Tickets - Basketball	3			

Deduction Begin Date: _____ Number of Deductions: _____

Supervisor's Name: _____ Supervisor's Phone Ext: _____

EMPLOYEE CERTIFICATION

I hereby authorize Alabama A&M University to deduct the amount(s) from my paycheck as indicated above.

I acknowledge the following:

1. The deduction amount cannot be decreased.
2. The agreement remains in effect until completion, academic year-end, cancellation, or employment separation.
3. Health and Wellness Center deduction:
 - a. is an advance deduction - applicable to the next month's membership
 - b. cancellation must be made via the Wellness Center by the 10th of the month to stop the deduction
4. A new authorization form must be submitted once an agreement has terminated or been cancelled.
5. I am fully responsible for any amounts not payroll deducted.

Employee's Signature:

Date: