



ALABAMA A&M UNIVERSITY
Payroll Deduction Authorization
(PLEASE PRINT)

Name: _____ SSN: _____ Banner ID: _____
(Last) (First) (MI) Last 4 Digits

Address: _____
(Street) (City) (State) (Zip)

Daytime Phone Number: (____) _____ Email: _____

Payroll Type: () Monthly () Graduate Assistant () CWSP () Institutional (Bi-Weekly)

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

Name: _____ SSN: _____ Banner ID: _____
(Last Name) (First Name) (MI) Last 4 Digits

Deduction Type	Notes	Deduction Frequency	Max # of Deductions
Tuition and Fees	Term:	Monthly	Fall 3; Spring 3; Summer 2
Child Development Center		Monthly	12
Parking	Lot:	Monthly	3
Health & Wellness Center	Plan:	Monthly	N/A
Other		Monthly	

Total Deduction Amount \$ _____ Amount of Deduction each Pay Period: \$ _____

Deduction Begin Date: _____ Number of Deductions _____

Supervisor's Name _____ Supervisor's Office # _____

Student Classification: () Graduate () Undergraduate () Special () Other _____

Employee Classification: () Staff () Faculty () Administration () Other _____

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

Employee's Signature: _____ Date: _____

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.

FOR OFFICE USE ONLY

Date Received: _____

Requested by: _____ Date: _____

Department

Comments _____