



Payroll Deduction

Authorization

<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Bi-Weekly

_____ * _____
 Print Name Banner/UCO ID Number

By my signature below, I hereby acknowledge a financial obligation to the University of Central Oklahoma in the amount of \$ _____, associated with my Bursar account.

I authorize the following payroll deduction from wages, salary, or other payments that may be due and payable to me, as indicated below (select one).

If I leave employment for any reason prior to this debt being paid in full, I further authorize the balance, or the maximum amount allowed by law, be deducted from my final paycheck and/or payout due and payable to me (vacation accrual payout, for example).

- The amount of ____ 100% of debt, in 1-month.
- ____ 50% of debt, over 2-months.
- ____ Equal payments, over a 6-month period (allowable if total due exceeds \$500)
- ____ Other* (amount must be approved by employee's supervisor and Division VP)

* Amount requested, per month: \$ _____

* Supervisor's approval _____

* Division VP's approval _____

Employee's Signature: _____ Date: _____

For payroll use only: Amount to be deducted per pay check \$ _____
