

# Arkansas State University Payroll Deduction Authorization

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ ASU Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student 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.

Deductions	Total Amount	Number of Pay Periods
<input type="checkbox"/> 15 for \$60 Meal Plan	_____	_____
<input type="checkbox"/> Express Dollars	_____	_____
<input type="checkbox"/> Fitness Center	_____	_____
<input type="checkbox"/> Faculty/Staff Housing	_____	_____
<input type="checkbox"/> Tuition, Fees, Room, Board	_____	_____
<input type="checkbox"/> Dependent Tuition, Fees, Room, Board	_____	_____
<input type="checkbox"/> Student/Employee Misc Balance	_____	_____

Explanation: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Accounts' Signature: \_\_\_\_\_ Date: \_\_\_\_\_