Albany State University
POTENTIAL. REALIZED.

Financial Operations Payroll Deduction Authorization
For ASU Employees

Please Print.

Name _____ Employee ID# _____

ASU Ram ID# _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____ Contact Email _____

Employee Department _____

I, _____, hereby authorize Albany State University to deduct a total of $_____ from my paycheck to be applied towards my outstanding accounts receivables balance.

_____ Deduct equal payments of $_____ from each _____Bi-weekly ____Monthly pay period until the total amount is paid in full.

_____ Deduct $_____ **ONE TIME**, from my next pay check.

All requests to discontinue this payroll deduction must be made to the Financial Operations and Human Resources Offices.

_____ _____
Employee Signature Date

_____ _____
Financial Operations Signature Date