

**Boston University
Office of the Comptroller
Payroll Department**

Authorization for Payroll Deduction

Name: _____
(Last Name, First Name, M.I.)

Student or Employee ID #: _____ - _____ - _____

Check type of employee:

- Faculty/Staff
 Student

Check type of deduction:

- Student Account
 Student Loan
 Miscellaneous (Specify reason _____)

Indicate the frequency of this deduction:

- One-time deduction
 Per pay period (i.e., weekly for weekly paid employees, monthly for monthly paid employees)

Amount of Deduction: \$_____

I hereby authorize Boston University to deduct the amount indicated above for credit toward an outstanding debt I owe to the University. If for any reason the full amount stated above cannot be deducted from my pay due to withholding of Federal, FICA, and State taxes I understand that I will still be responsible for making payment on my outstanding debt. This deduction will remain in effect until I notify the Payroll Office, in writing, to stop this deduction.

Signature

Date

Note: If you are a parent or a spouse of a student and want the deduction credited to your son's / daughter's or spouse's account, provide his / her name and student ID # here:

Name : _____

ID : _____ - _____ - _____