

Payroll Deduction Authorization

University of Arkansas at Fayetteville Tech Store Purchase (PCEZ)

LAST NAME FIRST NAME MIDDLE INITIAL WORKDAY ID

UNIVERSITY ID NUMBER DEPARTMENT CODE UAF
UAEX CAMPUS PHONE NUMBER

CAMPUS ADDRESS HOME ADDRESS CITY STATE ZIP

Deduction Period

PLEASE SELECT FROM THE FOLLOWING OPTIONS:

I am a **9-month*** employee, divide my purchase into 2 3 4 5 6 monthly payments.

* Excludes months of May, June, July, & August.

12-month employee, divide my purchase into 2 3 4 5 6 7 8 monthly payments.

Deductions started prior to the 18th of the month (excluding December) will begin in the same month's paycheck.

Terminated employees with a balance due are responsible for paying the remaining balance in-store.

INITIAL TO AGREE I authorize the University of Arkansas to deduct from my payroll checks charges incurred and yet to be incurred by me during the above stated term for fees related to Tech Store purchases. The University of Arkansas may deduct from each of my monthly/bi-monthly payroll checks until the charges incurred for the above program have been satisfied.

EMPLOYEE SIGNATURE DATE

FOR DEPARTMENTAL USE ONLY

AMOUNT *divided by* _____ = _____
NO. OF MONTHS MONTHLY DEDUCTION AMOUNT

ORDER NUMBER APPROVED BY DATE SEND TO HR

