

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, to be paid over 2 3 4 5 6 months.

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

12-month employee, to be paid over 2 3 4 5 6 7 8 months.

Deductions started after the 5th of the month will begin in the following 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 DEDUCTIONS Bi-MONTHLY DEDUCTION AMOUNT

ORDER NUMBER APPROVED BY DATE SEND TO HR

