



REQUEST FOR DEDUCTION TO BE APPLIED TO STUDENT BILL

Please begin a payroll deduction from each of my paychecks to be applied to my student bill.

Name: _____

Social Security Number: _____

Amount of Deduction: _____

Payroll Check Date to Begin Deduction: _____

Termination of Deduction:

Check Date of Final Deduction: _____

OR

Until This Total Amount Has Been Withheld: _____

Employee's Signature

Date

Upcoming Bi-weekly Payroll Check Dates:

1/4/2019	5/10/2019	9/13/2019
1/18/2019	5/24/2019	9/27/2019
2/1/2019	6/07/2019	10/11/2019
2/15/2019	6/21/2019	10/25/2019
3/1/2019	7/5/2019	11/8/2019
3/15/2019	7/19/2019	11/22/2019
3/29/2019	8/2/2019	12/6/2019
4/12/2019	8/16/2019	12/20/2019
4/26/2019	8/30/2019	