



ALABAMA A&M UNIVERSITY **Payroll Deduction Authorization** (PLEASE PRINT)

Name:(First)		Banner ID: Digits			
Address:		Digits			
(Street) Daytime Phone Number: ()	(City)	(State)	(Zip)		
Payroll Type: () Monthly () Grad					
Deduction is applicable to other than the employee identified above. Please credit to:					
Name:(Last Name) (Fi	irst Name) (MI) Last 4 I				
Deduction Type	Notes	Deduction Frequency	Max # of Deductions		
Tuition and Fees	Term:	Monthly	Fall 3; Spring 3; Summer 2		
Child Development Center		Monthly	12		
Parking	Lot:	Monthly	3		
Health & Wellness Center	Plan A: Individual \$25 Plan B: Individual + Spouse \$35 Plan C: Individual + Family \$45	Monthly	N/A		
Other		Monthly			
Total Deduction Amount \$Amount of Deduction each Pay Period: \$ Deduction Begin Date:Number of Deductions Supervisor's NameSupervisor's Office # Student Classification: () Graduate () Undergraduate () Special () Other Employee Classification: () Staff () Faculty () Administration () Other					
I hereby authorize Alabama A&M. University to deduct the amount (s) from my paycheck as indicated above.					
Employee's Signature: Date:					

I acknowledge the following:

- The deduction amount cannot be decreased.
 The agreement remains in effect until completion, academic year-end, cancellation, or employment separation.
 Health and Wellness Center deduction
 - - a. Is an advance deduction applicable to the next month's membership
 - b. Cancellation must be made via the Wellness Center by the 10th of the month to stop the deduction
- 4. A new authorization form must be submitted once an agreement has terminated or been cancelled.
- 5. I am fully responsible for any amounts not payroll deducted.

FOR OFFICE USE ONLY		Date Received:	
Requested by:		Date:	
. ,	Department		
Comments			

Alabama A&M University, 4900 Meridian Street, Office of the Comptroller, P. O. Box 1388 Normal, Alabama 35762