



Payroll Deduction Authorization for Student Account Payments

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Authorization to deduct funds from each payroll to be applied to the student account listed below.
Note: If other deduction forms exist for other students, those will remain in effect and be combined with this one into one payroll deduction amount.

Request Type (Check one)

New _____ Change _____ Stop _____

Student Account Information (Please print clearly)

Name: _____ ID#: T _____

Employee Deduction Information (Please print clearly)

Employee Name: _____

Employee ID #: T _____

Department (if not student employee): _____

Telephone Number: _____

Amount to be Deducted Per Pay: \$ _____
(dollar amount only)

Date to Begin Deductions: _____

I authorize the above deduction from my pay. The deduction will begin with the requested pay date or the next available pay date and will continue until I submit a written request for a cancellation or change to this authorization.

Employee Signature: _____ Date: _____

Office use only

Approved by Director of Student Account _____ (initial and date)

Processed by Payroll _____ (initial and date)