



Payroll Deduction Form

This form is to request that your campus employment payroll earnings be put towards your student account bill. **You are required to track your balance and to complete a new form to stop this deduction from occurring.** *It is recommended that you discuss your payment plan with your Financial Aid Counselor.*

Student Name: _____

1. I give permission to the Utica University Payroll Office to deduct from my earnings each pay period and directly apply that amount to my student account in the Center for Student Success:

\$ _____ or _____%

Deduction to start in pay period # _____

Pay Period	Start
18	8/17/23
19	8/31/23
20	9/14/23
21	9/28/23
22	10/12/23
23	10/26/23
24	11/9/23
25	11/23/23
26	12/7/23
27	12/21/23

2. I am then requesting the Utica University Payroll Office stop a previous earnings deduction request.

Deduction to end in pay period # _____

Pay Period	Start
18	8/30/23
19	9/13/23
20	9/27/23
21	10/11/23
22	10/25/23
23	11/8/23
24	11/22/23
25	12/6/23
26	12/20/23
1	1/3/24

Signature: _____ Date: _____

Please note: each pay period will count as one deduction.