



Office of the Controller - Payroll
Administration Building 10, Room 138
Ph. (561) 297-6401
Fax (561) 297-1062
www.fau.edu/controller/payroll

PAYROLL DEDUCTION AUTHORIZATION FORM

Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Z#: \_\_\_\_\_

The total amount due to FAU is \$ \_\_\_\_\_

Please deduct the amount of (check one):

- 100 \$100 per pay period until paid in full
100 Other amount (between \$100 and full balance) \$ \_\_\_\_\_
100 Full Balance

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University Regulation:
http://www.fau.edu/regulations/chapter6/6.012\_Employee\_Debt\_Collection\_11-10-10.pdf

Please forward deduction request form to:
Attn: Payroll
Administration Building 10, Room 138
or Fax: (561) 297-1062

Authorized by University Controller\* \_\_\_\_\_
\*(Tuition Only)

For Payroll Use Only

Pay # start date: \_\_\_\_\_

Pay # end date (if app): \_\_\_\_\_