



Office of the Controller - Payroll
Administration Bldg, Room 1',
Ph. (561) 297-4596
Fax (561) 297-1062
www.fau.edu

**PAYROLL DEDUCTION AUTHORIZATION FORM
ACCOUNTS RECEIVABLE**

Name: _____

SS#: _____ Z#: _____

The total amount due to FAU is \$ _____

Please deduct the amount of (check one):

- \$100 per pay period until paid in full
- Other amount (between \$100 and full balance) \$ _____
- 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
Adm 10, Room 1',
Fax: (561) 297-1062**

Authorized by University Controller* _____

*(Tuition Only)

For Payroll Use Only

Deduction Code: **055** Pay # start date: _____

A/R verified: _____ Pay # end date (if app): _____