

Student Receivable Payroll Deduction Form

I,	ID #	
hereby authorize the Payroll departn	nent of Texas Wesleyar	1 University, to deduct the
amount of \$(A) fi	rom each of my payche	cks until the amount of
\$ (B) is paid in full, be	ginning	(Date)
and approx. ending on	(Date). Please	apply this amount towards my
Student Receivable account for the s	semester of(Γerm).
Monthly Biweekly employee	payroll (Circle)	
This is for my dependent		and their ID
#		
Attn: Emp	loyee / Dependant	
0.00 balance. If employee terminates employme authorizes Texas Wesleyan Universitect.		
	Employee Signature	Date
	Student Accounts Rec	ceivable Manager
	Payments will	need to be completed by
lanced owed (B)	Spring End date: April 5 th Fall End date: November 5 th	
Of Paychecks		er End date: July 5th
nount of duction per pay ck (A)		