

Student Receivable Payroll Deduction Form

I, _____ ID # _____
hereby authorize the Payroll department of Texas Wesleyan University, to deduct the
amount of \$ _____ from my paycheck beginning on _____
and ending on _____. Please apply this amount towards my Student
Receivable account. Specify Semester(s) _____.

Please specify if for dependent _____ and include
their ID # _____.

Please specify whether (M) Monthly, or (BI) Biweekly employee _____

Cut Off for **Biweekly** employee payroll deductions: _____

Cut Off for **Monthly** employee payroll deductions: _____.

Attn: Employee / Dependant

**Payroll deductions must pay employee and/or dependant student
account balance(s) in full by _____ to avoid a financial hold being
placed on the account(s). With a financial hold the employee/dependant
will not be able to access transcripts, grades, pre-registration, or any
official documents from the University until all student account hold a
0.00 balance.**

Employee Signature

Date

Student Accounts Receivable Manager

Date