



Payroll Deduction Authorization Student Tuition

Name: _____

Social Security Number: _____

I, authorize the Wheeling Jesuit University Office of Human Resources, to deduct from my payroll check, the amount of \$ _____, or _____% of compensation per pay and apply it to my outstanding student account balance, starting with the pay check of _____ [Date] and ending when I provide written notification to the Office of Human Resources or the deducted amount of \$ _____ is reached.

I understand that if I do not earn, or have deducted, a sufficient amount to cover my account, I will be responsible for the balance.

Signature

Date