



**AUTHORIZATION FOR PAYROLL DEDUCTION**

I, \_\_\_\_\_, hereby authorize the University of Arkansas at Pine Bluff  
(Please Print)

to deduct \$ \_\_\_\_\_ per pay period from my payroll check beginning \_\_\_\_\_,

for payment towards the balance of \$ \_\_\_\_\_ on the account outlined below. This agreement

will remain in effect until the balance is paid in full.

Account Type: (check one)

- Student Accounts       Nursery School
- Faculty/Staff         Other

Nature of Balance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I choose to make a one-time payment in full from my payroll check on the payroll period dated  
\_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ID Number \_\_\_\_\_

Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(UAPB Payroll Office)