



OFFICE OF THE BURSAR

**UNIVERSITY OF SCRANTON
AUTHORIZATION FOR PAYROLL DEDUCTION
STUDENT ACCOUNTS RECEIVABLE**

Necessary for Payroll Department:

| |
|--|
| Employee Name: _____ |
| Royal ID Number: _____ |
| I hereby grant authorization to deduct \$ _____ per pay for a total deduction of \$ _____. |
| Employee Signature / Date: _____ |

Necessary for Bursar's Office:

Please apply my deduction per pay to the following student(s) accounts as indicated:

| Student Name | Royal ID | Amount per Pay Period |
|--------------|----------|-----------------------|
| | | |
| | | |
| | | |
| | | |

TOTAL: \$ _____

Payment for unpaid balances must be received in full by the term end date.

**PLEASE RETURN THIS COMPLETED FORM TO THE BURSAR'S OFFICE,
ST. THOMAS HALL, ROOM 201.**