

Student Business Services 1500 University Center A Tallahassee, FL 32306-2394 Ph: (850)644-9452 Fax: (850)644-5142

CTL-accountsreceivable@fsu.edu

## **Payroll Deduction Authorization**

Description: FSU Employees use this form to authorize payroll deduction payment towards debts collected by Student Business Services.

•	: Enter Employee Information	
Name:	: <u> </u>	Emplid:
Address:	ess: P	hone:
	F	SU Email:
Date of B	of Birth:	
Select on	L: Identify Account to Pay  ot one: FAREU - Regular AR (my.fsu.edu bill) PERKINS - Loan Pay  ount Due: \$	yment FSUCC - Childcare
Step III:	II: Specify Deduction Rate	
I,	, authorize Florida State Univers	sity to withhold payment from my wages
for the ac	ne account and amount identified above to be deducted according to the following	ing schedule:
\$	Bi-weekly until paid in full (Bi-weekly deduction minin amount due must be paid in one deduction).	num is \$30. If less than \$30 is owed, then the full
Section I	n IV: Sign to Authorize Deductions	
Ded hold	Please note that entering into this deduction arrangement does not alter the terms of Deductions alone do not change your due date(s) or any associated responsibilities, pholds on class registration, transcripts, and diplomas will remain in effect for any past paid in full.	privileges, or late-payment penalties. For example,
	Similarly, this arrangement does not supersede the University's common-law right of se your final paycheck may be withheld and applied to any balance owed to the University	
• By s	By signing, you authorize payroll deductions to begin immediately and to end when you	ur amount due listed above is paid in full.
	ture:	Date:

## Step V: Return Form

Please return your completed form to Student Business Services. We're happy to accept electronic copies, including photos or scanned copies. *Tip: Send a paper copy electronically by taking a picture of it with your phone. Then send by email to CTL-accountsreceivable@fsu.edu* 

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