



FLORIDA A&M UNIVERSITY
DIVISION OF ACADEMIC AFFAIRS
OFFICE OF CONTINUING EDUCATION
VOLUNTARY PAYROLL DEDUCTION FORM

Employee Name _____ EMPLID # _____

Campus Address _____ Campus Phone _____

I, _____, hereby authorize the deduction of a total of \$ _____ through bi-weekly/monthly payroll deductions of \$ _____ beginning with the pay date of _____. This deduction shall continue for ____ consecutive pay periods until paid in full. These payments are to be deducted using the miscellaneous deduction code **570** and credited to the account of the Office of Continuing Education – Department# **618070**. All payments must be received prior to the start of the program. Should my employment be terminated prior to the final deduction date, I understand that the balance owed becomes immediately due and payable to the FAMU Office of Continuing Education.

The above amount should be applied to registration fees for the following Continuing Education Program(s):

Program Name(s)	
Participant's Name	Participant's Name
Participant's Name	Participant's Name

Employee's Signature	Date
Office of Continuing Education	Date

Return all Payroll Deduction Authorization Forms to:
The Office of Continuing Education
668 Gamble Street
Tallahassee, FL 32307
Phone: (850) 599-3474