



WolfBucks



Payroll Deduction Authorization

Employee Name _____ Employee ID # _____

Check one: Faculty Staff Other (Specify) _____

Department Name _____ Work Phone _____

Deduction Amount per month \$ _____

Note: If paid semi-monthly, the deduction will be taken from the paycheck issued on the 10th of the month.

Please apply the amount deducted to MY WolfCard

Please apply the amount deducted to the following WolfCards:

Employee Student

Name _____ ID# _____ \$ _____

Name _____ ID# _____ \$ _____

Name _____ ID# _____ \$ _____

Please cancel my payroll deduction.

Please print completed form and sign - original (non-electronic) signature is required.

Employee Signature: _____ Date _____

Return original form to:

**Campus Card (WolfCard) Office at Joe Crowley Student Union, Rm 204
or mail to UNR Mail Stop 442, Reno, NV 89557-0442**

Please retain a copy for your records