Student Account Payroll Deduction

**please fill this form out if you wish to have the student on-campus work earnings applied to your student account.

Date: _____/_____/_____

Amount:	_____ 0%	**Net Pay to be applied to your student account.**
	_____ 25%	**Net Pay to be applied to your student account.**
	_____ 50%	**Net Pay to be applied to your student account.**
	_____ 75%	**Net Pay to be applied to your student account.**
	_____100%	**Net Pay to be applied to your student account.**

Reason: YOU MAY CHOOSE TO HAVE A PERCENTAGE OF YOUR STUDENT PAY APPLIED TO YOUR ACCOUNT. YOU WILL RECEIVE A PAY CHECK AND A PORTION OF YOUR PAY WILL BE APPLIED TO YOUR STUDENT ACCOUNT.

I, _____, authorize Adrian College to deduct the amount shown above
      (PLEASE PRINT NAME)
from my next payroll check and applied to my student account.

Student ID# _____

_____   _____
Signature   Date

Student Account Payroll Deduction

**please fill this form out if you wish to have the student on-campus work earnings applied to your student account.

Date: _____/_____/_____

Amount:	_____ 0%	**Net Pay to be applied to your student account.**
	_____ 25%	**Net Pay to be applied to your student account.**
	_____ 50%	**Net Pay to be applied to your student account.**
	_____ 75%	**Net Pay to be applied to your student account.**
	_____100%	**Net Pay to be applied to your student account.**

Reason: YOU MAY CHOOSE TO HAVE A PERCENTAGE OF YOUR STUDENT PAY APPLIED TO YOUR STUDENT ACCOUNT. YOU WILL RECEIVE A PAY CHECK AND WILL ALSO A PORTION OF YOUR PAY WILL BE APPLIED TO YOUR STUDENT ACCOUNT.

I, _____, authorize Adrian College to deduct the amount shown above
      (PLEASE PRINT NAME)
from my next payroll check.

Student ID # _____

_____   _____
Signature   Date