

Child Development Center Payroll Deduction Authorization Form

Employee Name: _____
Please print you full name

UST ID Number or SSN.: _____

☐ I authorize the University of St. Thomas to deduct \$_____ from the first two pay checks of each month effective ____/____/____. This payroll deduction will be automatically deposited into your University of St. Thomas Child Development Center account each payday.

☐ I would like to cancel my payroll deduction to the University of St. Thomas Child Development Center effective ____/____/____.

Employee Signature: _____

Date: _____