

**University of Delaware  
Payroll Deduction Authorization Form  
For Graduate Students on Contract  
Spring 2014**

All Full-Time Graduate Students on Contract are responsible for three fees – Student Center Fee (\$119), the Student Health Service Fee (\$252), and the Graduate Recreation Fee (\$50) for a total of \$421 for the Spring 2014 semester. International students are also required to pay the International Student Service Fee (\$100). Read the steps below and answer all the questions to indicate how you will pay for these charges.

Student ID Number		Campus Department	
Name			
Local Address		Daytime phone	

For US CITIZENS/PERMANENT RESIDENTS	For INTERNATIONAL STUDENTS
Do you have financial aid (i.e., loan or other university scholarship) pending disbursement to your student account?	I would like to pay for my fees through (choose one):
<input type="checkbox"/> YES -> DO NOT USE THIS FORM	<input type="checkbox"/> PAYROLL DEDUCTION
	I authorize the University of Delaware to deduct the amount indicated below from my salary in payment for semester student fees. If the full amount is not collected prior to the termination of my UD employment, I will assume responsibility for any balance.  Student Center Fee (\$119) Student Health Fee (\$252) Graduate Recreation Fee (\$50) Mandatory Medical Insurance (\$108) International Student Service Fee(\$100)
<input type="checkbox"/> NO -> CHOOSE ONE:	<input type="checkbox"/> FULL PAYMENT
<input type="checkbox"/> I confirm payment in full has or will be made at <a href="http://www.udel.edu/paybill">www.udel.edu/paybill</a> prior to the January 6, 2014 deadline.	I confirm payment in full has or will be made at <a href="http://www.udel.edu/paybill">www.udel.edu/paybill</a> prior to the January 6, 2014 deadline.
<input type="checkbox"/> I authorize the University of Delaware to deduct the amount of \$421 from my salary in payment for the Spring 2014 semester student fees. If the full amount not collected prior to the termination of my UD employment, I will assume responsibility for any balance.	

**Note:** The payroll deduction will be over four pays. You will continue to receive a monthly billing statement showing your deduction schedule until your account balance turns to zero. Sign and date this form and send it to the Payroll Office, 413 Academy Street, Room 268, Newark, DE 19716 by January 6, 2014. Forms received after this date will not be processed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_