



OFFICE OF THE BURSAR

**UNIVERSITY OF SCRANTON
AUTHORIZATION FOR PAYROLL DEDUCTION
STUDENT ACCOUNTS RECEIVABLE**

Necessary for Payroll Department:

Employee Name: _____
Royal ID Number: _____
I hereby grant authorization to deduct \$ _____ per pay for a total deduction of \$ _____.
Employee Signature / Date: _____

Necessary for Bursar's Office:

Please apply my deduction per pay to the following student(s) accounts as indicated:

Student Name	Royal ID	Amount per Pay Period

TOTAL: \$ _____

Payment for unpaid balances must be received in full by the term end date.

**PLEASE RETURN THIS COMPLETED FORM TO THE BURSAR'S OFFICE,
ST. THOMAS HALL, ROOM 201.**