Payroll Deduction Authorization
for Student Account Payments
HR & Payroll Dept., 2nd Floor Fisher Admin. Center
4001 W McNichols Rd., Detroit, MI 48221-3038
Phone: 313-993-1036 • Fax: 313-993-1015 • hr@udmercy.edu

Authorization to deduct funds from each payroll to be applied to the student account listed below. 
Note: If other deduction forms exist for other students, those will remain in effect and be combined with this one into one payroll deduction amount.

**Request Type (Check one)**

New ______  Change ______  Stop ______

**Student Account Information (Please print clearly)**

Name: __________________________________________ ID#: T ______________________

**Employee Deduction Information (Please print clearly)**

Employee Name: __________________________________________

Employee ID #: T ______________________

Department (if not student employee): __________________________________________

Telephone Number: __________________________________________

Amount to be Deducted Per Pay: $ ______________________

(*dollar amount only*)

Date to Begin Deductions: ______________________

I authorize the above deduction from my pay. The deduction will begin with the requested pay date or the next available pay date and will continue until I submit a written request for a cancellation or change to this authorization.

Employee Signature: ______________________  Date: ______________________

**Office use only**

Approved by Director of Student Account ______________________ *(initial and date)*

Processed by Payroll ______________________ *(initial and date)*