



SAINT AUGUSTINE'S UNIVERSITY

Transform. Excel. Lead.

PAYROLL DEDUCTION FORM

NAME: LAST _____ FIRST _____ MI _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEPARTMENT: _____

TELEPHONE: CELL: () _____ WORK: () _____

I hereby direct and authorize Human Resources to deduct from my payroll check for the following:

_____ University Giving (\$ _____) (Contribution is divided over 12 months
and will continue until cancelled)

_____ Rent (\$ _____) per month (withheld monthly over 2 pay periods)

_____ CIAA Tickets (\$ _____) _____ Season Football Tickets (\$ _____)

_____ Season Basketball Tickets (\$ _____)

_____ Meal Card (Circle One)

25 meals \$100

50 meals \$200

75 meals \$300

100 meals \$400

CIAA Tickets, Meal Card, and Season Football/Basketball Tickets for Faculty and Staff are payable over 4 consecutive pay periods. Adjunct payments are payable over 2 consecutive pay periods.

Employee's Signature: _____ Date: _____

Human Resources Approval: _____ Date: _____

August 2022