Name: ___________________________________________________ 
(Last Name, First Name, M.I.)

Student or Employee ID #: __ __ __ - __ __ - __ __ __ __

Check type of employee:

__ Faculty/Staff
__ Student

Check type of deduction:

__ Student Account
__ Student Loan
__ Miscellaneous (Specify reason ________________________ )

Indicate the frequency of this deduction:

__ One-time deduction
__ Per pay period (i.e., weekly for weekly paid employees, monthly for monthly paid employees)

Amount of Deduction: $_______________

I hereby authorize Boston University to deduct the amount indicated above for credit toward an outstanding debt I owe to the University. If for any reason the full amount stated above cannot be deducted from my pay due to withholding of Federal, FICA, and State taxes I understand that I will still be responsible for making payment on my outstanding debt. This deduction will remain in effect until I notify the Payroll Office, in writing, to stop this deduction.

_________________________________________     _______________  
Signature Date

Note: If you are a parent or a spouse of a student and want the deduction credited to your son's / daughter's or spouse's account, provide his / her name and student ID # here:

Name : ____________________________
ID : __ __ __ - __ __ - __ __ __ __