

Payroll Deduction Form

This is my authorization for the ETSU Payroll Department to make a monthly deduction from my paycheck to be deposited to my ETSU ID Debit Card account.

Name		ID #
Last (please print) First	Initial	
Department	Campus Box	Phone
Monthly amount to be deducted. \$	(minimum \$5.00)	
Please check one below:		
NEW ACCOUNT		
CHANGE AMOUNT OF DEI	DUCTION FROM: \$_	TO: \$
DISCONTINUE CURRENT I	DEDUCTION	
All requests for payroll deduction cha <u>ID Services Only</u> . Please submit by the month's paycheck.		
Authorization Signature of Employee		 Date

Campus ID Services
East Tennessee State University
P. O. Box 70611
Johnson City, TN 37614-0611
Phone: (423) 439-8316

 $\frac{http://www.etsu.edu/students/idservices/}{E-mail-IDBUCS@etsu.edu}$