



EAST TENNESSEE STATE  
UNIVERSITY

Campus ID Services

## 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 DEDUCTION FROM: \$ \_\_\_\_\_ TO: \$ \_\_\_\_\_

\_\_\_\_\_ DISCONTINUE CURRENT DEDUCTION

All requests for payroll deduction changes for debit card accounts must be submitted to Campus ID Services Only. Please submit by the 14<sup>th</sup> of the month in order to make changes for that 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**

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