

# ID SYSTEM DEBIT ACCOUNT 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 System Debit Card account.

Name \_\_\_\_\_ SID # \_\_\_\_\_  
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 the ID Office 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

**ID SYSTEM OFFICE  
EAST TENNESSEE STATE UNIVERSITY  
P. O. BOX 70611  
JOHNSON CITY, TN 37614-0611  
PHONE: 423/439-8316**

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