

Tuition Deduction Agreement

Student Employee's Name: _____

Student ID: _____

Bi-weekly Payroll Deduction Amount: \$ _____

Pay Date Effective: _____

I hereby authorize Alvernia University to initiate a bi-weekly payroll deduction in the amount indicated above to be credited as a cash payment to my student billing account. (Please note: student accounts are credited once per month)

I understand this is a post tax payroll deduction and that this is to remain in full force and effect until I terminate this agreement in writing to the payroll office.

Student Employee Signature

Date

Please return completed form to Lisa Venkler in the Office of Student Financial Planning located in Bernardine Hall Room 104.