

**WARTBURG COLLEGE - BUSINESS OFFICE  
STUDENT PAYROLL DEDUCTION AGREEMENT**

STUDENT ID #: \_\_\_\_\_ NAME (*please print*): \_\_\_\_\_

- I hereby authorize Wartburg College to deduct from my monthly student employment paycheck the percentage of my net pay indicated on this form and apply the proceeds to my student account to reduce my outstanding balance.
- I understand that this agreement is to remain in full force and effect throughout the duration of my enrollment as an active student at Wartburg College or until I have provided Wartburg College with written notification via this form indicating the termination or a change in this agreement.
- I understand that the deadline for submitting a change to this agreement is the first business day of the month in which I wish to have the change effective on my paycheck.
- I understand that this authorization will be in effect for all student paychecks I receive, regardless of my Federal Work-Study eligibility or the type of work in which I am performing.

**Please deduct the following % from my paycheck and apply to my student account:**

<b>Please only check one box:</b>	<b>% To Student Tuition Account</b>	<b>% To Bank Account via Direct Deposit</b>
<input type="checkbox"/>	<b>0%</b>	100%
<input type="checkbox"/>	<b>25%</b>	75%
<input type="checkbox"/>	<b>50%</b>	50%
<input type="checkbox"/>	<b>75%</b>	25%
<input type="checkbox"/>	<b>100%</b>	0%

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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<input type="checkbox"/>	<b>75%</b>	25%
<input type="checkbox"/>	<b>100%</b>	0%

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