

**ROGER WILLIAMS UNIVERSITY
AUTHORIZATION FOR PAYROLL DEDUCTION
BURSAR OFFICE**

Employee Name: _____

Employee Datatel ID#: _____

List Students Name if other than employee:

Student Name: _____

Student ID#: _____

Total amount of Bursar deduction: \$ _____

Per pay period Amount: \$ _____

To commence with pay date: _____

Last deduction on pay date: _____

I understand that any remaining balance must be paid upon my termination from Roger Williams University.

Employee Signature

Date

Bursar Representative Signature

Date

It is the employee's responsibility to adjust payroll deduction or pay any additional charges

For Payroll Use:

BURS deduction

Total number of deductions: _____

For Bursar Use:

Note in comments regarding payroll deduction

And exempt from late fee during payroll deduction

Bursar Representative: _____

Date Processed: _____