



DILLARD
UNIVERSITY

Authorization for Payroll Deduction

I, _____ hereby authorize Dillard University
(Print employee's name)

to deduct from my wages/salary the sum of \$ _____ for
(Amount)

(Reason for the deduction)

beginning _____ and ending _____ until the total
(Date) (Date)

amount of \$ _____ has been satisfied.
(Amount)

I understand that upon my separation from the University for any reason, any remaining balance owed will be deducted from my final paycheck without further authorization.

Sincerely,

(Employee's Signature)

(Date signed)