



**Fall/Spring 2009-2010**

Student Employment  
Payroll Deduction Agreement

SSN# \_\_\_\_\_

I, \_\_\_\_\_ hereby authorized Dillard University to credit my account balance for fees that are owed to the University. Such fees include tuition, room and board and other institutionally provided goods and services.

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Student Signature

Date

\*Please note that you may cancel or modify the authorization form at any time.