

# IUP FACULTY STAFF ACTIVITY FEE PAYROLL DEDUCTION AUTHORIZATION FORM

Student Cooperative Association  
Hadley Union Building  
319 Pratt Drive  
Indiana, PA 15701

IUP Payroll Services  
G11 Sutton Hall  
1011 South Drive  
Indiana, PA 15705

I certify that I am an employee of IUP, and I am applying for participation in the Faculty Staff Activity Fee Payroll Deduction Program. My personal information is as follows:

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NAME (LAST, FIRST, MI)

EMPLOYEE IDENTIFICATION NUMBER

I authorize IUP Faculty and Staff Payroll Services to begin payroll deductions as payment to the Student Cooperative Association for my activity fee.

I understand that the total activity fee amount of \$  will be deducted in equal payments for the following number of pays: (choose an option)

5 pays

10 pays

I understand that if for any reason payroll deductions cannot be continued through IUP, that I am responsible to pay any outstanding activity fee balance directly to the Student Cooperative Association.

I authorize IUP and the Student Cooperative Association to share all information necessary to complete those tasks necessary to collect this debt, including employment, address, and outstanding balance information.

Note: Payroll deduction option preference may change pending verification of employee pay status. Faculty Staff Payroll Services will contact you if a change is required.

SIGNATURE

DATE

Student Cooperative Association Use Only

IUP Faculty Staff Payroll Services Use Only

Please Return this completed form to:

The Student Cooperative Association  
Hadley Union Building  
319 Pratt Drive  
Indiana, PA 15701