

IUP FACULTY / STAFF ACTIVITY FEE PAYROLL DEDUCTION AUTHORIZATION FORM

The I-Card Office
Clark Hall Lobby, IUP
1090 South Drive
Indiana, PA 15705

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:

| | |
|------------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> |
| NAME (LAST, FIRST, MI) | EMPLOYEE IDENTIFICATION NUMBER |

I authorize IUP Faculty/Staff Payroll Services to begin payroll deductions as payment to the I-Card Office 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)*

| | | | |
|--------------------------|--------|--------------------------|---------|
| <input type="checkbox"/> | 5 pays | <input type="checkbox"/> | 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 I-Card Office.

I authorize the I-Card Office 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

The I-Card Office Use Only

IUP Faculty/Staff Payroll Services Use Only

Please Return this completed form to:

The I-Card Office
Clark Hall Lobby, IUP
1090 South Drive
Indiana, PA 15705