

# 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
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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  
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Indiana, PA 15705