



Accounts Receivable

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

By my signature below, I hereby authorize Tulane University (hereafter may be referred to as “the University”) to offset to the maximum extent permitted by law any amounts owed by me to the University during my employment or upon the termination of my employment through an automatic payroll deduction from my paycheck. I understand that this Payroll Deduction Authorization will apply whether my severance of employment is voluntary or involuntary. This Payroll Deduction Authorization includes, but is not limited to, an authorization for an automatic payroll deduction to cover the repayment of the monetary equivalent of any used but unearned paid time off which I used prior to it being earned, tuition and fees, financial aid adjustments, taxes assessed, housing/rent and any other charges that I or my dependents incurred, in accordance with the terms and conditions in the Tulane University Accounts Receivable Agreement and Disclosure Statement.

By my signature below, I understand, agree, and expressly authorize the University to make an automatic payroll deduction from my paycheck of any amounts owed by me to the University during my employment or upon the termination of my employment, whether such termination is voluntary or involuntary.

Employment Status:

Deduction Options:

Monthly Employee

Start a New Deduction \$ _____

Bi-Weekly Employee

Change my Deduction to \$ _____

Bi-Weekly Student

One-time Only \$ _____

Beginning with the following Pay Date: _____.

Employee Name _____ ID # _____

Employee Signature _____ Date _____

Please return this form to Accounts Receivable by email, fax or in person.

Thank you.

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