



**Authorization for Payroll Deduction of Balance Owed to the University of North Carolina at Asheville**

Employee Name: \_\_\_\_\_  
Please print full name

Banner ID: \_\_\_\_\_

I hereby authorize the payroll office of the University of North Carolina at Asheville to deduct the amount indicated from my pay each month to pay for balance owed to the University of North Carolina at Asheville:

\$  **Total Monthly Deduction**

This monthly deduction will be in effect for \_\_\_\_\_ month(s) until the entire balance of \$ \_\_\_\_\_ is paid in full. Should I separate from employment with the University before I have paid the balance owed, I authorize the payroll office to deduct any remaining balance from my final pay.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Student Accounts

\_\_\_\_\_  
Date

**Finance Use Only:**

Funds to be deposited into 011000-143130 and identifier will be entered in the MISC receipt description.

Wire transfer and D/C #9550 to be submitted by Student Accounts to transfer payment(s) on the Banner account.