

OAKWOOD UNIVERSITY

FUND REQUEST & PAYROLL DEDUCTION AUTHORIZATION FORM

Date: _____ Total Amount: \$ _____

Student Employee Name (print): _____

SSN or Student ID#: _____ Department Name _____

I authorize the following amount to be deducted bi-weekly: \$ _____

Start Date: _____ End Date: _____

Check one of the following:

___ 110 Student Account Control (Student Payroll) (STDAC)

___ 086 On Account (Tuition Payment) (ONACT)

___ Other _____

Student Employee Signature: _____

Authorized Signature: _____

This deduction is voluntary and is not a condition of employment