

## Child Development Center Payroll Deduction Authorization Form

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

UST ID Number or SSN.: \_\_\_\_\_

- I authorize the University of St. Thomas to deduct \$\_\_\_\_\_ from the first two pay checks of each month effective \_\_\_\_/\_\_\_\_/\_\_\_\_. This payroll deduction will be automatically deposited into your University of St. Thomas Child Development Center account each payday.
- I would like to cancel my payroll deduction to the University of St. Thomas Child Development Center effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_