

**AUTHORIZATION TO WITHHOLD EAGLECARD STORED  
VALUE DEPOSIT AMOUNTS FROM PAYROLL**

NAME: \_\_\_\_\_

SOCIAL SECURITY # : \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

SEMI-MONTHLY PAYROLL DEDUCTION AMOUNT: \*Workstudy will be monthly  
Please circle one:

\$ 10.00

\$ 20.00

\$ 30.00

\$ 50.00

EFFECTIVE DATE: \_\_\_\_\_

PLEASE CIRCLE ONE:

This is a first time payroll deduction request

This is a change to my current deduction amount

Please end my deduction as of the effective date listed above

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