

PAYROLL DEDUCTION AUTHORIZATION FORM FOR GRADUATE STUDENTS ON CONTRACT

INSTRUCTIONS: All Full-Time Graduate Students on Contract are responsible for three fees – Student Center Fee (\$119), the Student Health Service Fee (\$227), and the Graduate Recreation Fee (\$50) for a total of \$396 for the Fall 2014 semester. International students are also required to pay the International Student Service Fee (\$100). Read the steps below and answer all the questions to indicate how you will pay for these charges. Bill payments for fall 2014 are due on **August 1, 2014**. (Form revised: July 2014)

SECTION 1: CURRENT STUDENT INFORMATION			
STUDENT NAME	STUDENT ID #	CAMPUS DEPARTMENT	
LOCAL STREET ADDRESS	CITY	ZIP CODE	DAYTIME PHONE
<input type="checkbox"/> I confirm that prior to the August 1, 2014 deadline I will access my account at www.udel.edu/paybillstu and either: (1) Make payment (or) (2) Verify I have submitted this 'Graduate Payroll Deduction Form' by reporting additional credits. (Select the additional credit box.)			

SECTION 2: PAYROLL DEDUCTION SELECTION	
FOR US CITIZENS/PERMANENT RESIDENTS	FOR INTERNATIONAL STUDENTS
Do you have financial aid (i.e., loan or other university scholarship) pending disbursement to your student account?	I would like to pay for my fees through (choose one):
<input type="checkbox"/> YES [IF YES DO NOT USE THIS FORM]	<input type="checkbox"/> PAYROLL DEDUCTION
NOTE: If you will be receiving financial aid (i.e., loan or other university scholarship) you do not need to use this form.	<input type="checkbox"/> I authorize the University of Delaware to deduct the amount indicated below from my salary in payment for semester student fees. If the full amount is not collected prior to the termination of my UD employment, I will assume responsibility for any balance.
<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> FULL PAYMENT
<input type="checkbox"/> I authorize the University of Delaware to deduct the amount indicated below from my salary in payment for semester student fees. If the full amount is not collected prior to the termination of my UD employment, I will assume responsibility for any balance.	<input type="checkbox"/> I confirm that prior to the August 1, 2014 deadline I will access my account at www.udel.edu/paybillstu and either:
<input type="checkbox"/> Student Center Fee (\$119) <input type="checkbox"/> Student Health Fee (\$227) <input type="checkbox"/> Graduate Recreation Fee (\$50) <input type="checkbox"/> Mandatory Medical Insurance (\$76)	(1) Make payment (or) (2) Verify I have submitted this 'Graduate Payroll Deduction Form' by reporting and additional credit.

NOTE: The payroll deductions will be over four pays. You will continue to receive a monthly billing statement showing your deduction schedule until your account balance turns to zero. Sign and date this form and send it to the Payroll Office, 413 Academy Street, Room 268, Newark, DE 19716 by **August 22, 2014**. Forms received after this date will not be processed.

SIGNATURE _____

DATE _____