

**University of Delaware
Authorization for Payroll Deduction
For Graduate Students on Contract
Spring 2009**

Student ID Number		Campus Department	
Name			
Local Address		Daytime phone	

All Graduate Students on Contract are responsible for two fees – Student Center Fee (\$110) and the Student Health Fee (\$233) for a total of \$343 for the Spring 2009 semester. Read the steps below and answer all questions to indicate how you will pay for these two charges.

Step 1.

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):
YES -> DO NOT USE THIS FORM	PAYROLL DEDUCTION
Complete the UD Non-Payment Certification Form at www.udel.edu/nopayment by January 6, 2009 to verify that you have enough financial aid to cover your balance due.	____ I authorize the University of Delaware to deduct the amount indicated above from my salary in payment for semester student fees. If the full amount of the semester student fees is not collected prior to the termination of my UD employment, I will assume responsibility for any balance. Proceed to Step 2.
NO -> CHOOSE ONE:	FULL PAYMENT
____ I confirm payment in full has or will be made at www.udel.edu/paybill prior to the January 6, 2009 deadline. Proceed to Step 3. ____ I authorize the University of Delaware to deduct the amount indicated above from my salary in payment for semester student fees. If the full amount of the semester student fees is not collected prior to the termination of my UD employment, I will assume responsibility for any balance. Proceed to Step 2.	____ I confirm payment in full has or will be made at www.udel.edu/paybill prior to the January 6, 2009 deadline. Proceed to Step 3.

Step 2. (For students requesting Payroll Deduction)

Complete the UD Non-Payment Certification Form at www.udel.edu/nopayment by January 6, 2009 to verify that you are covering your balance with payroll deduction to avoid late fees. NOTE: The payroll deduction 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.
Proceed to Step 3.

Step 3.

Sign and date this form and send it to the Payroll Office, 413 Academy St., Room 268, Newark, DE 19716 by February 10, 2009.

Signature: _____

Date: _____