UD1 FLEX Account
Employee Payroll Deduction Form

Name ___________________________________________ Employee ID # ________________

Please print
Campus Address ________________________________ Phone # ____________________________

Continuous Deduction
Amount per pay $ ________
Minimum $5 per pay

To stop continuous payroll deduction send e-mail to [ud1-flexoffice@udel.edu]

or

Optional Limited Deduction
Amount per pay $ ________ X # of pay periods _____ = Total Deduction_______
Minimum $5 per pay, 6 pay periods

Maximum 24 pay periods, Minimum Total deduction $100
A new form is required for each limited deduction.

Deposits can be made at the following locations for immediate use of your UD1 FLEX account:
Self-serve Value Transfer Stations (VTS) to make cash deposits in denominations of $5, $10, or $20. See [www.udel.edu/ud1flex] for VTS locations.
Make a $25 minimum deposit in check or cash at any University Box Office, or at Cashiers or in the outside drop slot at the Student Services Building.
I authorize the University of Delaware Payroll Department to deduct the amount per pay as indicated above. The amount deducted will be transferred to my UD1 FLEX account each payday. I understand and accept the terms of this optional flexible spending account as published.

Signature ___________________________________________ Date ________________

Start Date ________________

Note: Payroll deduction will start on the next available pay period unless otherwise indicated. Please return this form to the UD1 FLEX Office, Student Services Building. For more information, e-mail [ud1-flexoffice@udel.edu] or call (302) UD1-CARD (831-2273).