



PAYROLL
413 Academy St
Newark, DE 19716
PHONE: 302-831-8677

EMAIL: pr-staff@udel.edu WEB: www.udel.edu/payroll

Authorization for Payroll Deduction

For Payroll Deduction to cover personal charges on University credit card – To be completed by the Employee

Scholar Information

UD ID	
Name	
Department	

One-Time Payroll Deduction

I authorize the University of Delaware to deduct the amount indicated below to cover personal charges on University credit card. I further agree that, in the event my employment shall terminate, either voluntarily or involuntarily, prior to the full repayment of the total amount below, the University may withhold the remaining amount owed from my final pay, except to the extent prohibited by federal or state minimum wage law. I represent that this authorization is executed voluntarily and has not been made as a condition of my continued employment.

One Time Deduction Amount	
----------------------------------	--

Please, sign and date this form and send it to the Payroll Office via email pr-staff@udel.edu

If you have any questions regarding this form, please contact Payroll at 302-831-8677, or at pr-staff@udel.edu

Employee Signature: _____ Date: _____