

AUTHORIZATION FOR PAYROLL DEDUCTION OF TUITION/FEES FOR GEO ELIGIBLE STUDENTS ONLY
PLEASE BE SURE TO FILL OUT ALL THREE COPIES OF THIS FORM

BURSAR COPY

I hereby request that the fees assessed against my current semester's bill, and tuition (if applicable), be paid through payroll deduction as specified in Article 36 of the AGREEMENT between GEO and the University of Massachusetts at Amherst. **Any amount not covered by payroll deduction shall be paid directly to the Bursar's Office by the regular bill due date. Students who fail to pay in full by the due date will be assessed a \$50 late fee.**

NAME: _____ PEOPLESOFT 8-DIGIT EMPLOYEE # _____
Last First MI Refer to your pay stub for this number

8-DIGIT STUDENT NUMBER (from your bill): _____ TEL. #: () _____

EMAIL ADDRESS: _____ DEPT. _____

I authorize my employer to withhold \$ _____ per paycheck for five paychecks beginning with the paycheck of March 20th, 2009 and ending with the paycheck of May 15th, 2009. **Total adjusted tuition and fees will be \$ _____.** (Bi-weekly Amount x 5)

SIGNATURE

DATE

DEADLINE: This authorization must be submitted to the Bursar's Office, 215 Whitmore Admin. Bldg. by March 11th, 2009

AUTHORIZATIONS SUBMITTED OR RECEIVED AFTER MARCH 11TH, 2009 WILL NOT BE ACCEPTED.
PLEASE NOTE THAT PAYCHECKS ARE BI-WEEKLY.

AUTHORIZATION FOR PAYROLL DEDUCTION OF TUITION/FEES FOR GEO ELIGIBLE STUDENTS ONLY
PAYROLL COPY

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AUTHORIZATION FOR PAYROLL DEDUCTION OF TUITION/FEES FOR GEO ELIGIBLE STUDENTS ONLY
STUDENT COPY

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NAME: _____ PEOPLESOFT 8-DIGIT EMPLOYEE # _____
Last First MI Refer to your pay stub for this number

8-DIGIT STUDENT NUMBER (from your bill): _____ TEL. #: () _____

EMAIL ADDRESS: _____ DEPT. _____

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