

UCARD DEBIT ACCOUNT – PAYROLL DEDUCTION CHANGE REQUEST

NAME (please print): _____

EMPLOYEE ID #s: _____
(8-digit HR #) (8-digit campus ID#)

Email: _____ Campus Address: _____

CHECK ONE: Amherst Campus () President's Office ()

I hereby authorize the University of Massachusetts to change the withholding from my pay from \$_____ bi-weekly to \$_____ bi-weekly. Such withholding will be deposited into my UCard Account on the payday for that week.

I understand that I already must have established a UCard Debit Account for this deduction to take effect. I also understand that I may change or terminate this deduction at any time by written request to the UCard Office, 168 Whitmore or via email to ucard@admin.umass.edu.

(Signature)

(Date)