

STUDENT PAYROLL DEDUCTION
AUTHORIZATION

NAME _____
ID # _____ **PO BOX #** _____

I hereby authorize the Bethel University Payroll Department to deduct
\$_____ from my payroll check each pay period to be
applied directly to my student account starting with the
_____ (month/day) payroll and continuing through the
_____ (month/day) payroll.

Signed: _____
Date: _____
Note: _____