

Authorization for Automatic Deduction from Payroll

University ID# _____ Name (please print) _____

This is an authorization for automatic deduction of amounts which are currently owing and/or past due. If you sign this authorization, the current amount, and any future debts, will be deducted from your paycheck. You will be sent an email notification that your bill is ready for viewing on the Employee Self Service Website. Please review your bill monthly to ensure it is correct. This plan is intended to provide you with an easier and more efficient method of paying these amounts. If you choose this method of payment, please sign this authorization and return it to the University Billing Office, Room 5 Calvin Hall.

I hereby authorize the University of Iowa to deduct any amounts which I owe the University from wages payable to me by the University. I understand that I have the right to revoke this authorization with a 30 day notice.

Signature _____ Date _____

Print and retain a second copy for your records. The completed form should be mailed to:

The University of Iowa
University Billing Office
5 Calvin Hall
Iowa City, IA 52242