

MIAMI UNIVERSITY

FACULTY/STAFF PAYROLL DEDUCTION ENROLLMENT FORM

NAME (please print): _____ **BANNER ID #:** + _____

To the Bursar:

I hereby authorize that all charges made or incurred by me with Miami University be deducted from my paycheck(s). I understand that if my account exceeds \$500, my payroll deduction privileges will be suspended. I also understand that I may revoke this payroll deduction authorization in writing at any time.

SIGNED: _____ **DATE:** _____

CAMPUS DEPT. & ADDRESS: _____

Please return this completed form to the Bursar's Office:

Interoffice Mail:	Bursar's Office 107 CAB	or	U.S. Mail:	Bursar's Office 301 S. Campus Ave. Room 107 Oxford, OH 45056	or	Fax:	529-8788
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