

UNIVERSITY OF CALIFORNIA, SANTA CRUZ

Payroll Deduction/Fee Deferment

Name (Last, First)

Student ID Number

Employee/Payroll ID Number

I hereby authorize the University of California, Santa Cruz to take deductions from my payroll checks for payment of registration and/or tuition fees.

_____ Quarter 20 _____
 _____ Amount deferred
 _____ Number of equal deductions

In consideration for registering using this fee deferment plan, I promise to pay the Regents of the University of California the amount of registration and/or tuition fees, if for any reason the petition upon which this deferment is granted should be denied or cancelled.

I understand that these deductions will apply only to registration fees and/or tuition, and that it is my responsibility to pay any previous balance indicated on my Statement of Account. Further, I understand that the payroll deduction(s) will remain in effect until the total amount deferred has been deducted from my salary or until I am no longer eligible.

I will notify Graduate Studies immediately should I no longer be eligible for payroll deductions or should my appointment lapse for any reason. **I agree to allow Graduate Studies to specify the amount deferred if the fees are not known at the time this form is completed.** Finally, I understand that new authorization forms must be completed annually.

Student Signature

Date

Approval

Date

Distribution: Payroll, Student Business Services, Graduate Division, Student

TRANS CODE		EMPLOYEE ID NO.		EFFECTIVE DATE		ELEMENT NO.		BAL CD		AMOUNT		ELEMENT NO.		BAL CD		AMOUNT		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
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