

# 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	4 12	13 18	19 22	23	24 30	31 34	35	36 42
X1		MO DY YR I I	6085	G	. . . .	6085	D	. . . . .