



LAWRENCE UNIVERSITY

### AUTHORIZATION TO APPLY WAGES TO STUDENT ACCOUNT

EMPLOYEE FULL NAME: \_\_\_\_\_ LU ID #: \_\_\_\_\_  
(PRINT)

**PLEASE COMPLETE EITHER PART A OR PART B.**

A) I agree to a bi-weekly payroll deduction of \_\_\_\_\_% **or** \$\_\_\_\_\_ (choose one) to be applied to my Lawrence University student account beginning with paycheck dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

I authorize deductions for the following terms:     I     II     III     (circle all that apply)

**---OR---**

B) I do not want any of my pay to be applied to my student account.

(Please check box if applicable)

*I understand that neither term grades nor transcripts will be released until all fees and charges accumulated on my student account during the term have been paid.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCIAL SERVICES SIGNATURE: \_\_\_\_\_