

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)

Student Signature: _____ Date: _____

Financial Services Signature: _____

Neither term grades nor transcripts will be released until all fees and charges accumulated on my student account during the term have been paid.