



VINCENNES
UNIVERSITY
A Community College
of Indiana partner

Vincennes University
Payroll Office
1002 North First Street
Vincennes, IN 47591-1500

VU BOOSTER CLUB

PAYROLL DEDUCTION AUTHORIZATION FORM

NAME

SOCIAL SECURITY #

PAYROLL DATE EFFECTIVE

ACCOUNT NUMBER

F28 505-5002 54155

I hereby authorize Vincennes University to deduct the following from my salary:

I understand any outstanding amounts will automatically be deducted from my
FINAL pay (in the case of termination from employment).

AMOUNT TO DEDUCT EVERY PAY

\$ _____

SIGNATURE

DATE