

MOUNT HOLYOKE

MOUNT HOLYOKE COLLEGE
Office of the Comptroller
South Hadley, MA 01075-1489
Telephone: (413) 538-2034
Fax: (413) 538-2512

STUDENT PAYROLL DEDUCTION REQUEST

I, _____, hereby authorize the deduction of \$ _____ from my biweekly student paycheck.

This amount is to be applied to my General or Tuition account.

Payroll deduction will begin with the next scheduled paycheck.

Any amount of pay due me beyond the amount of the deduction should be issued directly to me.

I understand that my entire paycheck will be applied to my account if my earnings do not meet or exceed \$ _____ per pay period.
(same as above)

Student signature _____ Date _____

Student ID# _____

Student Soc. Sec # _____

Please stop deductions on _____