



TSU TSUAA PAYROLL DEDUCTION FORM

NAME _____

SSN OR BANNER ID _____

ADDRESS _____

DESCRIPTION

AMOUNT

TSU ATHLETIC ASSOCIATION CONTRIBUTION



NUMBER OF DEDUCTIONS (1, 2 OR 3)

*THE NUMBER OF DEDUCTIONS FOR SEMI-MONTHLY EMPLOYEES IS 2X
IE. 2, 4, OR 6.*

I would like to decline all benefits associated with TSU Athletic Association, including priority seating.

I would like to decline only the priority seating benefit of the TSU Athletic Association.

I authorize Tennessee State University to deduct the cost of TSU Athletic Association contributions from my pay check with the next payroll following my purchase.

In the event I separate employment prior to completing payment of debt to Tennessee State University, I authorize my employer, to deduct any remaining balance from my final pay. If there is not ample money to deduct, I understand that I am liable for the debt.

Employee Signature

Date

I certify that above named person is a full time permanent employee of Tennessee State University.

Human Resources Representative

Date

TSU TICKET OFFICE USE ONLY

Ticket Office Representative

Date

Account Number