FACULTY / STAFF BG1 CARD PAYROLL DEDUCTION AUTHORIZATION

Name __________________________________________ E-Mail ____________ @bgsu.edu
BGSU ID# ________________________________ Office Phone 372-____________

Please check one:

New Payroll Deductions:

☐ I hereby authorize the deduction of $_______ from my next and each subsequent payroll check; this amount is to be deposited to my BG1 Card until the BG1 Card Office is notified in writing to modify or terminate the deduction.

Modification of current Payroll Deductions:

☐ I hereby modify the limit of my authorized deduction to my BG1 Card to $____ per payroll check.

☐ I hereby rescind authorization for deductions from my payroll check to my BG1 Card.

Signature __________________________________________________ Date ______________

Version: 2/21/2008