



Work Study Payroll Deduction Authorization

To: Midway University Payroll Department

I am requesting to use ALL or PART of my Work Study earnings to satisfy a portion of my student account balance for the FALL or SPRING (please circle one) for the 20__ term.

My agreement relates to the FALL or SPRING (please circle one) 20__ semester ONLY. I will complete a new authorization each semester. I wish to use Work Study funds and apply them to my student account balance.

Please initial _____

I understand that my earnings under the Work Study Program are subject to Federal and State Tax.

Please initial _____

I agree to work all of my hours. If any of my Work Study hours are incomplete, then I am liable to pay any remaining balance that is not covered by my earnings under the Work Study Program

Please initial _____

This is to Authorize the Payroll Department at Midway University to deduct from my Work Study earnings the amount of \$_____ for the FALL or SPRING (please circle one) 20__ term only.

Print full name _____

Student ID number _____

Assigned ADP number _____

Date _____

Signature _____