WESLEYAN UNIVERSITY – AUTHORIZATION FOR PAYROLL DEDUCTION

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<tr>
<th>Name:</th>
<th>New Request:</th>
<th>Y / N</th>
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<tr>
<th>Department:</th>
<th>Telephone Extension:</th>
<th>WesID#:</th>
<th>Change Request:</th>
<th>Y / N</th>
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I authorize the deduction from my Wesleyan University Payroll Check for the following:

**Type of Deduction**
- □ The Wesleyan Fund (unrestricted)
- □ Financial Aid
- □ Other (specify): ________________________________

**Amount of Deduction**
- Total Deduction: $________________________
- Total Deduction per Pay period: $________________________

**Timeframe of Deduction**
- Starting Date: _____________________________
- Ending Date: _______________________________

**Signature of Employee**
- ________________________________ Date: _________________

**Comments**
- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________

Thank you!

For Office Use Only:

If you have any questions about this form, please contact Ariel Marzouca-Jaunai, in University Relations, at 860-685-3713.