

The University of Akron

Wireless Payroll Deduction Program

Please use this form to initiate your payroll deduction.

New payroll deduction

Change in payroll deduction

Dr./Mr./Mrs./Ms. _____
Last Name First M.I. Employee ID

Department: _____

Campus zip: _____ Campus Email: _____

Campus Phone: _____ Wireless Phone number: _____

Wireless Plan: _____ 30% Contribution: _____

Authorization for Payroll Deduction

I hereby authorize the Controller to deduct from my salaries and wages the amount specified for wireless service which is maintained by the Department of Telecommunications.

Total Amount of Deduction: \$ _____

Signature

Date

Return this completed form to the Telecommunications Department, Zip+ 9010

For Office Use Only	
<input type="checkbox"/> New deduction/changes:	Deductions will start _____ Month & Year
<input type="checkbox"/> Termination	Deductions will cease _____ Month & Year