



Auxiliary Enterprises  
Zip Card Office  
Office: (330) 972-5637  
Fax: (330) 972-8420

[www.uakron.edu/zipcard](http://www.uakron.edu/zipcard)  
[www.uakron.edu/dining](http://www.uakron.edu/dining)

## Zip Card Payroll Deduction Authorization Form

### University Staff and Faculty Only

Printed Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Total amount on this plan/card: \$ \_\_\_\_\_ (A)

Existing payroll deduct balance, if any: \$ \_\_\_\_\_ (B)  
Please contact Zip card office for amount.

Total deduction: \$ \_\_\_\_\_ (C)

Number of pay periods for deduction(s): \_\_\_\_\_ (D)  
(Maximum of 6 pay periods for bi-weekly employees or  
3 pay periods for monthly employees.)

Amount deducted per pay period: \$ \_\_\_\_\_ (E)

I authorize the amount on line (E) to be deducted from my pay beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return to Zip Card Office +4611**