

MISSISSIPPI STATE UNIVERSITY

APPLICATION FOR PAYROLL DEDUCTION SERVICE FOR PAYMENT OF ACCOUNTS RECEIVABLE ACCOUNT BALANCE

Complete and Mail to: **Accounts Receivable, 158 Garner Hall, Mail Stop 9701.**

MSU ID Number _____

Name _____ Phone # _____
last, first, middle initial

Department _____ Mail Stop # _____

If your paycheck is deducted in error, please notify us immediately so that we may take prompt corrective action. Should you have any questions, please feel free to contact Payroll Deduction Service personnel at 325-6619.

I attest that I understand that this will impact my payroll check and that the amount deducted from my paycheck will be in two equal installments. In the event I should decide to discontinue payroll deduction, I understand that I must notify the Accounts Receivable Department and complete a Payroll Deduct Termination Request form.

Signature _____ Date _____

For questions regarding this program, please call 325-6619, or you may make contact via email at cashiers@controller.msstate.edu

For Office Use Only

Date of Enrollment (mm/dd/yy) _____

Date Service Begins (mm/dd/yy) _____

j:receive/collect/pay deduct enrollment form