

# 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 # \_\_\_\_\_

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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.

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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](mailto: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