

TEXAS SOUTHERN RECREATION CENTER

3100 CLEBURNE ST.

HOUSTON, TX. 77004 USA

Phone: 713-313-6885 Fax: 713-313-7842

www.tsu.edu/reccenter



# PAYROLL DEDUCTION AUTHORIZATION

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date requested:** \_\_\_\_\_

**Date needed:** \_\_\_\_\_

**Payee:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**T-NUMBER**

**SELECT FROM  
THE FOLLOWING**

### Rules and Terms Applicable to Payroll Deduction Authorization

I hereby authorize a deduction from my salary I the amount of \$\_\_\_\_\_, payable to the Recreation and Wellness Center. This amount shall be deducted from my salary beginning with the very next payday and continuing each month thereafter.

This authorization shall cease under the following conditions:

- (a) upon written cancellation notice to Recreation and Wellness Center
- (b) automatically upon termination as an employee of Texas Southern University

I further agree to release my employer (Texas Southern University) from any liability resulting from this transaction.

**EMPLOYEE  
SIGNATURE**

**Authorized By:**

**Internal Use Only**

Amount Paid	Check No.	Date