

LUCEAT LUX VESTRA



**WHEELING
JESUIT
UNIVERSITY**

PAYROLL DEDUCTION AUTHORIZATION
STUDENT TUITION

NAME: _____

S.S.#: _____

I hereby authorize the Business office of Wheeling Jesuit University to deduct per pay, the amount of \$ _____, or _____% from my paychecks and apply it to my outstanding student account balance, starting with the paycheck of _____ and ending with the paycheck of _____.

I hereby understand that if I do not earn, or have deducted, a sufficient amount to cover my account, I will be responsible for the balance.

SIGNATURE

DATE