



BELLARMINE UNIVERSITY

Date to Payroll _____
Bellarmine ID # _____

Tuition & Payroll Student Authorization Form

❶ Authorization to Withhold Paycheck Earnings for Payment of Tuition

- Check One: ☐ apply 100% of ONLY WORK-STUDY earnings directly to your student account balance
(any non-work-study earnings, less taxes, will be paid to you directly) - TFWS
- ☐ apply 100% of ONLY KREBS earnings directly to your student account balance
(any non-Krebs earnings, less taxes, will be paid to you directly) - TKRB
- ☐ apply 100% of ALL earnings, less taxes, directly to your student account balance - TUIT
- ☐ apply 0% to student account; all earnings (less taxes) will be paid to you directly

I hereby authorize Bellarmine University to withhold from my Federal Work-Study and other payroll earnings the percentage indicated above. I designate the said withholdings to be credited toward my account for payment of tuition and other fees. If this withholding results in a credit balance on my account, I further authorize Bellarmine University to keep that balance on my account unless I notify otherwise.

I understand by electing this option, my statement of account will be interest-free on the portion designated to be withheld. I also understand that this agreement in no way relieves responsibility for the payment of the portion of the statement of account not covered by this withholding and that this amount must be paid by the published due date in order for the remaining amount to be interest free.

❷ Payroll Authorization:

I _____ hereby authorize Bellarmine University's Financial Institution to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for any debit entry in error, to my account indicated below and the depository named below, to debit the same to such account.

Banking Information: *Please print clearly.*

Check One: ☐ direct-deposit to checking account ☐ direct-deposit to savings account

Bank/Depository Name:
Routing/Transit Number (9 digits):
Account #s: Checking:
Savings:

This authority is to remain in full force and effect until Bellarmine University has received oral or written notification from me that I wish to revoke this authorization. Notification must be given in such time and in such manner as to afford a reasonable time to act on it, but in no event will it occur later than five (5) business days prior to the scheduled date of the transaction. I must confirm the oral notification in writing within (10) days after it was made or it ceases to be binding.

❸ Attach Check Copy:

Please attach a check (not a deposit ticket) marked 'VOID' for deposit into your checking account.

❹ Sign

Printed Name

Student ID#

Signature

Date

Please print this document and provide to the Office of Student Accounts

E-mail: studentaccounts@bellarmine.edu

Fax: 502-272-8505

Mail: Bellarmine University - Attn: Student Accounts, 2001 Newburg Road, Louisville, KY 40205