

Name (Last) (First) (MI)			New Account <input type="checkbox"/> Yes <input type="checkbox"/> No		Deduction Period <input type="checkbox"/> Academic Year Only (Oct 10 — May 25 Paychecks) <input type="checkbox"/> Continuous, 12 Months	
Employee ID Number			Box No.			
Home Address			Transaction Type <input type="checkbox"/> Begin My Deduction <input type="checkbox"/> Change My Deduction <input type="checkbox"/> Stop My Deduction		Amount of Deduction Per Pay Period <input type="checkbox"/> \$10 <input type="checkbox"/> \$30 <input type="checkbox"/> \$20 \$ _____ Other (\$10 Minimum)	
City		State	Zip			

UNIVERSITY OF WASHINGTON
**HUSKY CARD™ ACCOUNT PAYROLL
DEDUCTION AUTHORIZATION FORM**

HOUSING AND FOOD SERVICES

OFFICE USE ONLY

Signature	Date
By my signature, I hereby authorize the deduction specified above to be applied to my Husky Card™ Account.	

Account Number	Start Date	Employee ID Number	159 Tran Code	Total Deduction	Pay Per Period
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