

GRIZZCASH PAYROLL DEDUCTION AUTHORIZATION

Oakland University
ID Card Office, Oakland Center
Rochester, MI 48309-4401
(248) 370-2291 – oakland.edu/grizzcard

New

Adjustment

Cancellation

Name _____ Grizzly ID # _____

Department _____ Date _____

Phone # _____ E-mail _____

I hereby authorize Oakland University to deduct the sum of \$ _____ (\$5 increments please) per month through payroll deduction effective _____.
(month)

Note: Deductions for bi-weekly employees will be taken from the first paycheck of the month. Funds will be available on the second business day of the following month.

EMPLOYEE SIGNATURE _____

ID Card Office Employee Initials:	Date:
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