

# PAYROLL DEDUCTION AUTHORIZATION

**RETURN THIS FORM TO:**

Student Account Assistance  
 University of Minnesota, Twin Cities  
 211 Robert H. Bruininks Hall  
 222 Pleasant St. SE  
 Minneapolis, MN 55455-0239  
 Phone: 612-625-8007  
 Fax: 612-624-2873  
 Email: stdtloan@umn.edu

**DIRECTIONS**—Complete all of the information on this form. When you have provided all of the required information, make a copy of the form. Return the original form to Student Account Assistance at the address given in the upper right corner and keep the copy for your personal records.

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Personal information		
Name (last, first, middle initial)	Last 4 digits of SSN	University ID
Current mailing address (street, apartment or P.O. Box number, city, state, ZIP code, country)		
Home phone (include area code)	Work phone (include area code)	
Name of University department	Job title	
SECTION B. Authorization		
I hereby authorize the University of Minnesota Student Account Assistance to withhold \$ _____ per payroll period for my student loan(s) beginning _____ and continuing until such time as my outstanding student loan(s) have been paid in full.		
Signature		Date



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.

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