



UNIVERSITY OF
SOUTHERN MAINE
Student Billing

University of Maine at _____

**Payroll Deduction Authorization
Dependent Tuition and Fees**

I, _____, am
Name **Employee ID Number**

employed at the University of Maine at _____.

I hereby authorize the University of Maine to deduct from my earnings the amount of

\$ _____ starting _____, and continuing until the goal of
Date

\$ _____ is reached. This deduction will be applied to the account of

my _____,
Relationship **Name** **Student ID Number**

Who is/to be a student at the University of Maine at _____ and whose

charges are being incurred for educational purposes.

Employee Signature

Business Office Approval