



Payroll Deferment Form

For Teaching/Research Assistantships Only

Date Submitted: _____

Student ID: _____ Employee Number: _____ Term: _____

First Name: _____ Family Name: _____ Year: _____

REGULATIONS PERTAINING TO PAYROLL DEFERMENT AGREEMENTS

I authorize all valid charges to be deducted from any/all monies owed to me through the Payroll Department at the University of Windsor and accept responsibility to ensure that such deductions are actually made.

The amount per pay will be determined by Payroll from a total balance indicated by Cashiers. Any/all revisions of charges during the semester, resulting from periodic audits, will be forwarded to Payroll for adjustment effective the next available payroll. The Cashiers' Office will notify the student of any balance that cannot be recovered through payroll and payment will be due and payable immediately at the Cashiers' Office.

Cancellation or withdrawal is not possible by telephone, by stopping payment on cheques or by failure to attend classes, but must be done on the UWinsite Student website.

I understand and accept responsibility for the terms of this deferment and agree to pay my account in full during the semester indicated. I also understand that **ACADEMIC** and **RESIDENCE** privileges may be canceled if the above arrangements are not met and any outstanding debt will be subject to daily interest and other fees incurred to the date of cancellation.

I have read all of the above regulations pertaining to payroll deferment agreements and accept this contract, including the rules and regulations indicated above.

Teaching Assistant

Department: _____

Gross Income for Term: _____

Research/Grant Assistant

Department: _____

Gross Income for Term: _____

Please indicate if you will be receiving any of the following for the term:

Grad Tuition Scholarship

Visa Differential Bursary

Other Awards Amount: _____

Total Gross Income: _____

*Total amount available for deferment will be subject to statutory deductions.

Student Signature: _____

Cashiers Office Use Only

Date Approved: _____

Total Charges: _____

Award(s) Amount: _____

Total Fees for Payroll Deferral: _____

Available Payroll: _____

Student to Pay: _____