



Student Accounts

Chrysler Hall North, 1st Floor
401 Sunset Avenue, Windsor
Ontario, Canada N9B3T4
T: 519-253-3000 Ex: 3307
cashiers@uwindsor.ca

Graduate Payroll Deferment Form

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.

Student Acknowledgment

- I have read all the above regulations pertaining to payroll deferment agreements and accept this contract, including the rules and regulations indicated above.
- I have attached a copy of my GA/RA contract.
- I understand the amount of the payroll deferment is subject to statutory deductions which will reduce the total amount received.

Research Assistant

Department: _____ Gross Income for Term: _____

Graduate Assistant

Department: _____ Gross Income for Term: _____

Other Awards

Award Name: _____ Amount for Term: _____

Student Signature: _____

Total Gross Income: _____

Cashiers Office Use Only

Date Approved: _____

Total Charges: _____

Copy of Contract provided: YES NO

Award(s) Amount: _____

Payroll Deferral: _____

Student to Pay: _____