WolfBucks

Payroll Deduction Authorization

Employee Name ___________________________ Employee ID # ____________

Check one:  □ Faculty    □ Staff    □ Other (Specify) __________

Department Name ___________________________ Work Phone __________

Deduction Amount per month  $ __________________________

Note: If paid semi-monthly, the deduction will be taken from the paycheck issued on the 10th
of the month.

☐ Please apply the amount deducted to MY WolfCard

☐ Please apply the amount deducted to the following WolfCards:

Employee Student

☐ ☐ Name ___________________________ ID# ____________  $ __________

☐ ☐ Name ___________________________ ID# ____________  $ __________

☐ ☐ Name ___________________________ ID# ____________  $ __________

☐ ☐ Name ___________________________ ID# ____________  $ __________

☐ Please cancel my payroll deduction.

Please print completed form and sign - original (non-electronic) signature is required.

Employee Signature: ________________________________  Date ____________

Return original form to:
Campus Card (WolfCard) Office at Joe Crowley Student Union, Rm 204
or mail to UNR Mail Stop 442, Reno, NV 89557-0442

Please retain a copy for your records