



**NORTHWEST NAZARENE UNIVERSITY**

**STUDENT ACCOUNT/LOAN  
PAYROLL DEDUCTION AUTHORIZATION**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Social Security Number

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Please make monthly deductions from my wages for:

Student Account \_\_\_\_\_

Student Loan \_\_\_\_\_

Monthly Amount: \_\_\_\_\_

Begin Pay Date: \_\_\_\_\_ End Pay Date: \_\_\_\_\_

The deduction will continue until such time as the student loan or account is paid in full or the employee authorizes the deduction to be stopped.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date