

**WEST TEXAS A&M UNIVERSITY**  
**Full Time Faculty and Staff**  
**Payroll Deduction Request for BuffCASH**

Print Name	Deduction UIN
	Deduction Buff ID Number

I authorize West Texas A&M University to collect money through an automatic monthly payroll deduction to be applied to my **(and/or my dependents)** BuffCASH card over 9 months or 12 months (circle one), based on employment term. This authorization will remain in effect until I otherwise cancel the authorization. However, if I cancel the authorization it can't be reinstated until the beginning of the next fiscal year in September.

	Faculty <u>9 month</u>	Staff <u>12 month employee</u>
Total amount to deduct monthly <b>(allocation below)</b>	<b>(circle one)</b>	
_____ \$ _____ Buff ID Number      Amount		
_____ \$ _____ Buff ID Number      Amount		
_____ \$ _____ Buff ID Number      Amount		
Signature	Date	
Campus address/Phone number	E-mail Address	

( ) Please discontinue my payroll deduction	
Signature	Date

Please present this completed form to the Gold Card Office. The Gold Card office will forward the form to Personnel/Payroll Office. To be eligible for the payroll deduction plan option, this form is due to the Personnel/Payroll office by the 15<sup>th</sup> of the month for the deduction to be applied on the next monthly payroll.

<b>For Gold Card and Payroll use only:</b>	
Gold Card Signature	
Date	
Payroll Action Processed/initials and date	