



Faculty and Staff Health Clinic Payroll Authorization

By signing below, I authorize The University of Alabama in Huntsville to deduct with a one-time deduction from my paycheck the charges listed below:

Name: _____

A-number: _____

Charges: _____

Date(s) of Service: _____

Signature: _____

Clinic Contact information:

Wilson Hall 327, Huntsville AL 35899

Phone number: (256) 824-5495

Fax: (256) 824-4635

Clinic Staff use only:

Posted to PNC on: _____

Posted to PNC by: _____

Sent to Payroll on: _____

Sent to Payroll by: _____