



**FACULTY AND STAFF CLINIC
PAYROLL DEDUCTION 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# _____ Charges: _____

Signature: _____ Date of Service: _____

Wilson Hall 327

Huntsville, AL 35899

T: 256.824.2100

Fax: 256.824.4635

FACULTY AND STAFF CLINIC USE ONLY

POSTED TO PNC ON: _____

POSTED TO PNC BY: _____

SENT TO PAYROLL ON: _____

SENT TO PAYROLL BY: _____