

Please complete and return with enrollment forms.

I authorize North Dakota State University (NDSU) to withhold my child care and education fees through payroll deduction.

Child's Name: _____

Parent Name: _____ EMPL ID: _____

Child Care and Education Monthly Fee Amount: _____

Date of First Payroll Deduction: _____

Semi-monthly Payroll Deduction Amount: _____

Signature

Date

Internal HR/Payroll Use Only:

Received: _____

Data Entered: _____

Signature: _____

Date: _____