

# Graduate Assistant / Work Study Agreement Payroll Deduction / Apply Check Authorization Form



Office of Finance - Student Account Services P.O. Box 2100 State University, AR 72467  
870-972-2285 Fax: 870-972-3211 E-mail: ASUMoney@astate.edu

**Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

**ID Number:** \_\_\_\_\_ **Department** \_\_\_\_\_

**Address:** (Local) \_\_\_\_\_

(Permanent) \_\_\_\_\_

**Phone Number:** (Local) \_\_\_\_\_ (Work) \_\_\_\_\_ (Permanent) \_\_\_\_\_

**Fall** \_\_\_\_\_ **Waive Tuition** \_\_\_\_\_

**Spring** \_\_\_\_\_ **Payroll Deduction Plan** \_\_\_\_\_

**1st Summer** \_\_\_\_\_ **Amount Due** \$ \_\_\_\_\_

**2nd Summer** \_\_\_\_\_ **Deduct Over** \_\_\_\_\_ months (\_\_\_\_)paychecks

**Attestation**

- A. Each payment must be paid in full when due. If a payment is missed the university is under no obligation to renegotiate this agreement. I authorize ASU to deduct or apply my paycheck toward my account.
- B. Any unpaid charges will remain the liability of the debtor and will be remitted to a collection agency if not paid in full according to the terms of this agreement. The debtor agrees to bear all collection costs and attorney's fees associated with the debt. If enrollment is voided, the remaining unpaid fees will be adjusted in accordance with applicable university policies.
- C. Previously paid installments will not be refunded as a result of the student's withdrawal from the university unless it is determined that extenuating circumstances warrant such action.
- D. Any financial aid, scholarships or stipends received after the signing of this agreement shall be applied against the student's outstanding charges. The university also reserves the right to apply any wages or other sums owed to the student against this debt at any time, without regard to the repayment dates. Any money received pertaining to this account will be applied against the amount due, i.e. payroll, financial aid, attachment of state income tax (ACT 372 of 1983 as amended).
- E. The university reserves the right to accelerate the terms of this agreement and demand payment of the entire obligation in the event of insolvency, if bankruptcy proceedings are instituted against the signee/student or if the student violates the university's rules of conduct.
- F. I agree to pay any charges incurred after signing this agreement in accordance with the provisions of this agreement.
- G. By signing, I hereby request the portion of any federal financial aid award that exceeds the charges for the current term be applied toward the prior balance with the university.

I hereby acknowledge responsibility for the amount listed above by signing below. The basis for these charges has been fully explained to me and I understand I will be held liable for this debt according to the terms of this agreement. I agree to pay these charges in full by the terms specified in this agreement.

\_\_\_\_\_  
Signature/For Benefit of Above Named Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved: Student Account Services/ Cashiers

\_\_\_\_\_  
Date