



**Payroll Allocation to Student Accounts Receivable  
Election Form**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Please select one of the options below:

\_\_\_\_\_ I give Westminster College permission to apply \_\_\_\_\_ 75% OR \_\_\_\_\_ 100% of my net pay from student employment to my student account each pay period. I understand that this release will remain in effect until revoked by me in writing.

OR

\_\_\_\_\_ I do not wish to apply any of my net pay to my student account balance. I understand that I am fully responsible for payment of my student account and that I will not be allowed to register for subsequent semesters if my student account balance exceeds \$500 at the time of registration.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date