



WESTMINSTER
COLLEGE

2010-2011

Payroll Allocation to Student Accounts Receivable
ELECTION FORM

Student Name: _____

Student ID#: _____

Please select one of the following 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