

DEPARTMENT OF STUDENT FINANCING
TUITION PAYMENT - SALARY DEDUCTION FORM

INSTRUCTIONS

1. Please complete this form using BLOCK letters. 2. Please tick/check the appropriate option(s).

I _____ hereby confirm my indebtedness to the University of Technology, Jamaica in the amount of \$_____ for tuition fees amounting as at _____.

I therefore commit to settling this balance by way of:

1. A lump-some payment of \$_____ by _____
2. Salary deductions making ____ monthly/fortnightly payments of \$_____ per month/fortnight.

I further understand that this agreement is irrevocable unless payment is made in full over the counter and proof of payment presented to the Office of the Director of Student Financing, along with a letter instructing the Payroll Department to cease salary deductions.

Employee Name

Signature

Date

FOR OFFICIAL USE ONLY

VERIFIED BY : _____
Accounting Assistant Date

APPROVED BY: _____
Director Student Financing Date

Payroll/Payables Date

STAMP