

# EMPLOYEE EAGLE DOLLARS PAYROLL DEDUCTION FORM

Use your EmoryCard to make purchases at participating On and Off-Campus **Eagle Merchants**.

\*\*PLEASE PRINT LEGIBLY\*\*

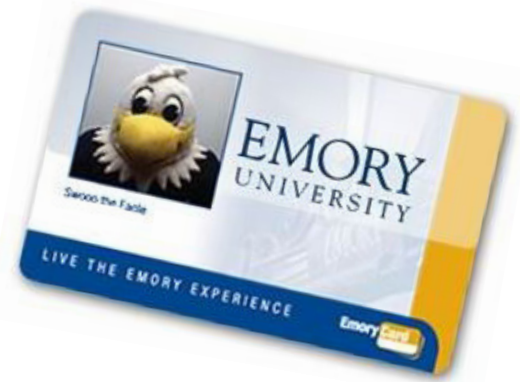
FIRST NAME:

LAST NAME:

EMPLOYEE ID:

PHONE:

EMORY EMAIL:



**START:**

I authorize the Emory University Payroll Department to Deduct \$\_\_\_\_\_ once a month for deposit into my Eagle Dollars account.

**CHANGE:**

I authorize the Emory University Payroll Department to change my Deduction from \$\_\_\_\_\_ to \$\_\_\_\_\_.

**STOP:**

I authorize the Emory University Payroll Department to stop the monthly Deduction to my Eagle Dollars Account.

SIGNATURE:

DATE:

## EMORYCARD EAGLE DOLLARS

**Return Form To:**

Emory University Payroll Office  
1599 Clifton Road  
404-727-6100

EUPayroll@emory.edu

**EMORY.EDU/EMORYCARD**