

# Season Ticket Cost ONLY SALARY/ MONTHLY PAY

## Faculty/Staff Men's Basketball 2016-17 Season Ticket Payroll Deduction Form

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Banner Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Campus Address \_\_\_\_\_

Department \_\_\_\_\_

Building \_\_\_\_\_ Room Number \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Simply write the Total Seat Price due for your men's basketball season tickets below.

**\*\*\* The Processing Fee must be paid by cash/check in advance \*\*\***

**Total Seat Price**

**Monthly Deduction**

**÷ 5 pay periods =**

I hereby authorize the SLU Payroll Department to deduct \$\_\_\_\_\_ from my pay for each of the five (5) pay periods beginning November 1, 2016, through and including March 2017. I understand that should my employment at SLU terminate before April 30, 2017, the balance will be deducted from my final pay check.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return entire original form to:**  
*The Billiken Ticket Office*  
3330 Laclede Ave  
St. Louis, MO 63103  
Fax: 314.977.1260

# Season Ticket Cost ONLY BI-WEEKLY PAY

## Faculty/Staff Men's Basketball 2016-17 Season Ticket Payroll Deduction Form

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Banner Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Campus Address \_\_\_\_\_

Department \_\_\_\_\_

Building \_\_\_\_\_ Room Number \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Simply write the Total Seat Price due for your men's basketball season tickets below

**\*\*\* The Processing Fee must be paid by cash/check in advance \*\*\***

**Total Seat Price**

**Bi-Weekly Deduction**

**÷ 10 pay periods =**

I hereby authorize the SLU Payroll Department to deduct \$\_\_\_\_\_ from my pay for each of the ten (10) pay periods beginning November 1, 2016, through and including April 2017.

I understand that should my employment at SLU terminate before April 30, 2017, the balance will be deducted from my final pay check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return entire original form to:**  
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3330 Laclede Ave  
St. Louis, MO 63103  
Fax: 314.977.1260