Name	(Last)	(First)	(MI)	New Account	Transaction Type	Amount of Deduction Per Pay Period

Name (Last) (First) (MI)

New Account
☐ Yes
☐ No

Transaction Type
☐ Begin My Deduction
☐ Change My Deduction
☐ Stop My Deduction

Amount of Deduction Per Pay Period
☐ $10 $30
☐ $20 $_____Other
($10 Minimum)

Employee ID Number

Box No.

Home Address

Signature   Date

City   State   Zip

By my signature, I hereby authorize the deduction specified above to be applied to my Husky Card™ Account.

UNIVERSITY OF WASHINGTON HOUSING AND FOOD SERVICES

HUSKY CARD™ ACCOUNT PAYROLL DEDUCTION AUTHORIZATION FORM

OFFICE USE ONLY

Account Number	Start Date	Employee ID Number	159 Tran Code	Total Deduction	Pay Per Period

Account Number   Start Date   Employee ID Number   159 Tran Code   Total Deduction   Pay Per Period

UoW 1593 (Rev. 2/08)   Please make a copy for your records