PAYROLL DEDUCTION

CarolinaCard Office / 803-777-1708 / University of South Carolina / http://carolinacard.sc.edu

ELIGIBILITY: *All permanent faculty (9 and 12 month) and permanent staff.*

TERMS:

1. *I agree to use the CarolinaCard and its associated accounts according to the terms and conditions of the Cardholder Agreement I have signed and submitted to the CarolinaCard Office. I understand that the CarolinaCard and its accounts and all forms, records, and transcripts of its use are the property of the University and the use of the CarolinaCard and its accounts may be revoked at any time.*
2. *I authorize the CarolinaCard Office to deduct the amount specified below from my paycheck(s). I also agree to remit payment to the CarolinaCard Office for the amount(s) listed below, should the correct amount(s) not be fully deducted from my University paycheck.*
3. *Unless the CarolinaCard Office receives a request to change or terminate this agreement, it will remain in effect until my employment with the University terminates or changes to a status other than that of permanent employee. There will be no charges for the processing of these changes.*
4. *The minimum amount to deduct from each pay period is $10.*

Signature: _____ Date: _____

Name: _____

Last fout digits of SSN: _____ VIP ID:_____

Department: _____ Work Phone #: _____

Alt. Phone # _____

_____

Address City State Zip

NOTE: The minimum amount to deduct from each pay period is $10.

___ **Carolina Cash** **Amount to be withheld each pay period $_____.00**

(***Office Use Only:*** *On an annual basis of 24/18 pay periods, this equates to $_____.00 per year. Based on today's date, the first payment will be deducted from your check for the payroll period ending _____ and money will be available _____.*)