

**PAYROLL DEDUCTION AUTHORIZATION FOR DINING CHARGES
(For Regular Employees Paid on Monthly and Biweekly Payroll)**

Name _____ Personnel Number _____
Last First MI

Dept. Name _____ Responsible Acct. No. _____

Work Phone _____ Home Phone _____

Home Address _____
Street City State Zip

Monthly

Biweekly

I authorize the University of Tennessee to deduct from my earnings the amount I charge for payment of dining services. I understand, if for any reason my status changes on payroll (sabbatical, leave without pay, termination, etc.), I am responsible for the dining service charges plus any late fees or penalty fees assessed for non-payment to the VolCard Office in the same month the deduction would have occurred. I understand I will be notified via email each month of the amount to be deducted from my earnings.

Signature

Date

Office Use Only

Activated by

Date

**Mail form to: UT VolCard Office
472 South Stadium Hall
Knoxville, TN 37996**

Phone: 865-974-3430
Email: volcard@utk.edu