



Auxiliary Enterprises
Zip Card Office
Office: (330) 972-5637
Fax: (330) 972-8420

www.uakron.edu/zipcard
www.uakron.edu/dining

Zip Card Payroll Deduction Authorization Form

University Staff and Faculty Only

Printed Name: _____

Employee ID Number: _____

Total amount on this plan/card: \$ _____ (A)

Existing payroll deduct balance, if any: \$ _____ (B)
Please contact Zip card office for amount.

Total deduction: \$ _____ (C)

Number of pay periods for deduction(s): _____ (D)
(Maximum of 6 pay periods for bi-weekly employees or 3 pay periods for monthly employees.) **Maximum of \$200 deduction.**

Amount deducted per pay period: D)

