

**WAKE FOREST UNIVERSITY**

Graduate School of Arts and Sciences

**Payroll Deduction Authorization Certificate**

**Student Health Insurance Premium Recovery and/or Parking Premium**

This form shall server as my written authorization allowing Wake Forest University to deduct payments from my wages to fulfill my obligation for the health insurance premium for the full year policy of coverage. Please forward the completed form to payroll@wfu.edu

Name: \_\_\_\_\_

WFU ID Number: \_\_\_\_\_

**Graduate Student Insurance Premium:**

Academic Year: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Choose One:

☐ September – April      ☐ September – December      ☐ January – April

**Parking Premium:**

Academic Year: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Choose one:

☐ September – April      ☐ September – December      ☐ January – April

I authorize Wake Forest University to withhold from my disposable wages effective with the dates above.

Provided, however, that in no event shall this authorization be construed to permit Wake Forest University to withhold any amount which, after such withholding, results in a reduction of my net income to an amount which is less than the minimum wage. This authorization shall remain in effect for the academic year. I understand that this deduction is for the purpose of repaying the health insurance premium and/or parking for the period above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date