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Faculty/Staff  
Food Service  
Tiger Bucks Deposit Authorization

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Please Check One:  
Bi-Weekly \_\_\_\_\_  
Semi-Monthly \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Department (Name or Number) \_\_\_\_\_

I hereby authorize the Rochester Institute of Technology to deduct \$\_\_\_\_\_ per pay period from my paychecks until further notice. This money will be credited to my Tiger Bucks Account.

Please **STOP** my Tiger Bucks deduction immediately.

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Signature

Date