



**FORT VALLEY STATE UNIVERSITY™**  
 A State and Land-Grant Institution • University System of Georgia

**ATHLETICS PAYROLL DEDUCTION FORM**

Name \_\_\_\_\_

Employee ID/Last Four of SSN \_\_\_\_\_

Payroll Frequency: Monthly Payroll \_\_\_\_\_ Biweekly Payroll \_\_\_\_\_

Effective Date: \_\_\_\_\_

Term Date: \_\_\_\_\_

**Please mark all that apply:**

\_\_\_\_\_ Football Season Passes Only

\_\_\_\_\_ Basketball Season Passes Only

\_\_\_\_\_ Football/Basketball Combo Season Passes

\_\_\_\_\_ Football Season Passes & Tailgating

\_\_\_\_\_ Football/Basketball/Tailgating Combo

Football Passes.....Price per ticket \$ \_\_\_\_\_ X QTY \_\_\_\_\_ = \$ \_\_\_\_\_

Football Passes/Tailgating.....Price per ticket \$ \_\_\_\_\_ X QTY \_\_\_\_\_ = \$ \_\_\_\_\_

Football/Basketball/Tailgating.....Price per ticket \$ \_\_\_\_\_ X QTY \_\_\_\_\_ = \$ \_\_\_\_\_

Football/Basketball Combo..... Price per ticket \$ \_\_\_\_\_ X QTY \_\_\_\_\_ = \$ \_\_\_\_\_

Basketball Passes.....Price per ticket \$ \_\_\_\_\_ X QTY \_\_\_\_\_ = \$ \_\_\_\_\_

**Total Deduction**..... = \$ \_\_\_\_\_

I hereby authorize Fort Valley State University (FVSU) to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck. I further understand and agree that deductions will be made after any federal or state requirements as well as for any FVSU programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_