

VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION

Your Effective Date:

Employer/Company Name

Address Line 1

Address Line 2

City

State

Zip

I, _____, hereby authorize the above named employer to make payments of \$_____ monthly bi-weekly weekly on my account with the North Carolina State Education Assistance Authority (NCSEAA). Checks should be made payable to **NCSEAA-Repayment Services** and mailed to the NCSEAA at: **PO Box 14002 – Research Triangle Park, NC 27709-4002.**

Employee Signature

Employee Name (Please Print or Type)

Social Security Number

Date Signed

To Be Completed By Your Payroll Office:

Please supply date that first payroll deduction will be transmitted to NCSEAA: _____ / _____ / _____

Please sign below to indicate the Payroll Official has verified this form.

Signature/Payroll Official

Date Signed

Please mail a copy of the completed form to:
NCSEAA-Repayment Services, PO Box 14223, Research Triangle Park, NC 27709-4223

