

SOUTHERN UNIVERSITY SYSTEM



Salary Escrow Fund Deduction Authorization

I, _____ (employee ID number) _____
hereby authorize the Comptroller's Office to pay my nine (9) month salary in twelve
(12) equal installments for the _____ - _____ year.

The following person (s) may withdraw funds in case of my illness or death.

NAME	SSN

**Enrollment in this benefit is irrevocable during the academic year. Changes can only be made at the beginning of the academic year (August).*

SIGNATURE: _____

DATE: _____