



LOUISIANA STATE UNIVERSITY



Payroll Deduction Authorization Form

Save yourself time, hassle and worry!

I hereby authorize LSU to establish payroll deductions for deposit to my TigerCASH account. I understand that this authorization will remain in effect until my position is terminated or until canceled by written notice to the payroll office.

Select One: New Change Cancel

Date: _____

Employee Name: _____

LSU ID: 89- _____

Total Amount Deducted Per Pay Period: _____

Email Address: _____

Campus Phone: _____

(In case we have a question or problem with your authorization form)

Signature: _____

TigerCASH is accepted on campus at all **LSU Dining** locations, the **LSU Bookstore**, and **vending machines**. Visit our website, www.tigercard.lsu.edu, for participating off-campus locations.

Please return this form to:
Tiger Card Office
Attn: Payroll Deduction Processing
109 LSU Student Union
Baton Rouge, LA 70803
Phone: 225.578.4300
Fax: 225.578.4585

Print Form