



BG1 Plus, www.bgsu.edu/bg1plus
112A Bowen Thompson Student Union
Phone: 419-372-4127 Fax: 419-372-4364

FACULTY/STAFF INFORMATION

Name (Last, First, MI):

BGSU ID Number:

BGSU Email:

Office Phone:

PLEASE SELECT AN OPTION

New Payroll Deductions:

I hereby authorize the deduction of \$ _____ from my next and each subsequent payroll check; this amount is to be deposited to my BG1 Card until the BG1 Plus Office is notified in writing to modify or terminate the deduction.

Modification of Current Payroll Deductions:

I hereby modify the limit of my authorized deduction to my BG1 Card to \$ _____ per payroll check.

I hereby rescind authorization for deductions from my payroll check to my BG1 Card.

Signature of Faculty/Staff Member

Date