



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.

I authorize that all information provided on this form, including email, phone number and personal information, will only be used by LSU Tiger Card Office and LSU Auxiliary Services. This data will be securely retained indefinitely. To learn more about privacy at LSU, please see LSU Privacy Statement at lsu.edu/privacy.

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