

## Faculty/Staff RU Express Payroll Deduction Application

Name: \_\_\_\_\_

State Employee ID: \_\_\_\_\_

RU ID: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Campus B.O. Box: \_\_\_\_\_

### Deposit

1. Payroll Deduction - I authorize a bimonthly payroll deduction of:

Enroll \$ \_\_\_\_\_

Cancel \$ \_\_\_\_\_

Change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

2. Check - in the amount of \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Signature required for Payroll Deductions

If you wish to enroll in RU Express using payroll deduction or a onetime payment, please print this form and mail it to:

RU Express  
P.O. Box 6992  
Radford, VA 24142