



# USU Employee Aggie Express Payroll Deduction

A#: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Please check the box that applies to you.

Cancel a Deduction

Add New Deduction

Amount to be deducted each month: \$ \_\_\_\_\_

Questions/Comments

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

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