



Cellular Telephone Authorization for payroll deductions

Please type all requested information and sign the document upon completion.

Date of Application:

Name of Applicant:

SSN / ID Number:

Campus Mailing Address:

Campus Telephone Number:

I hereby authorize Troy University to deduct \$10 per month from my pay to cover the cost of incidental but necessary personal calls placed on the University owned cellular telephone issued to me. I also acknowledge that the primary purpose of this cellular telephone is for University business and should not be abused.

Applicant Signature:

Date:

Supervisor Signature:

Date: