

GOCARD Payroll Deduction Form

Last Name: _____

First Name: _____

UID # (9 digits)

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Phone #: _____

I authorize \$ _____ to be directly deposited into my GOCARD Debit Dollar account through payroll deduction each pay period.

Effective Date: _____

Depositing funds into your GOCARD Debit Dollar Account indicates full agreement with the Terms & Conditions: www.gocard.georgetown.edu/managing/terms.

Upon leaving the University or, at your discretion, you may choose to close your account by submitting the "Request to Close GOCARD Debit Account" form. This form is available on the web site at www.law.georgetown.edu/GOCARD or the Satellite GOCARD Office. Balances under \$25 will not be refunded. Refunds will be issued by check and processed within five (5) business days of request. Closed accounts may not be reactivated for sixty (60) days.

Signature: _____ Date: _____

Please sign and send completed form to the Georgetown Law Satellite GOCARD Office.

101A McDonough Hall

Mon-Thu 10:00AM - 5:30PM Fri 10:00AM - 5:00PM

Telephone: (202) 662-9915

Fax: (202) 662-9383

Email: GOCARD@law.georgetown.edu

LC051010

Deduction Termination Request:

Date: