



TigerOne Card Services
TigerStripe Account
Payroll Deductions Form

This is my authorization for the Clemson University Payroll Department to make a deduction from my paycheck to be deposited to my TigerStripe account.

Last Name First Name MI Employee ID#

Department Clemson Email Campus Phone

Campus Address

Please check one below:

- ☐ New TigerStripe account
☐ Change amount of deduction from \$_____ to \$_____
☐ Discontinue current deduction

Effective Date _____

I hereby authorize a total deduction in the amount of \$_____ (minimum \$5.00, whole dollar increments) to be sent to the TigerOne card office for deposit into my TigerStripe account each pay period.

Employee Signature Date

TigerOne
Clemson University
111 Hendrix Student Center
Clemson, SC 29634
864-656-0763
Tigeronecard@clemson.edu

For Internal Use Only:
Payroll Entry Date _____
Pay Group _____
Processed by _____

