



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 _____

