



Voluntary Payroll Deduction Agreement Form

Employee instructions:

1. Contact the state agency and make repayment arrangements directly with the agency.
2. After an amount is agreed upon, complete and sign this Voluntary Payroll Deduction Agreement form. Send it to University Payroll & Benefits (UPB) using one of the following methods:
 - a. Fax: (217) 244-4800
 - b. Contact UPB through the [University Payroll & Benefits Service Portal](#). Open a service ticket and attach this form.
 - c. Print this form and mail it to the Chicago UPB office: 809 S. Marshfield Ave., 1st Floor, MC-547, Chicago, IL 60612-7205.

UPB will notify the agency indicated on this Voluntary Payroll Deduction Agreement form, who will contact the State Comptroller to terminate the Illinois State Offset deduction.

UPB will set up a voluntary deduction according to this agreement effective the next available pay period.

The voluntary deduction will continue until (a.) the agency sends a release or (b.) a [Revocation Form](#) is submitted to stop the deduction.

- a. **Agency Release:** upon completion of the agreement, the agency will send a release to UPB. The deduction will be stopped.
- b. **Revocation Form:** the employee may submit a [Revocation Form](#) any time to stop the deduction.
 - The revocation form is submitted online directly to UPB.
 - If the debt has not been satisfied, the Illinois State Offset deduction will be reinstated by the State Comptroller. The person listed as the agency contact is the only one who can inform the State Comptroller to stop the Illinois State Offset deduction. The agency controls when the involuntary deduction from the state will stop.

Agency Information:

Agency Name

Agency Contact Person

Contact Email

Contact Fax#

Employee Information:

Employee Name

Employee UIN Last 4 digits of SSN

Employee Email

Employee Phone (10 digit)

Deduction Authorization:

Amount of Deduction

Beginning Date

Pay frequency (how often you get paid)

Bi-weekly

Monthly

I hereby authorize University Payroll & Benefits to withhold the above specified voluntary deduction amount from my pay. Payroll deductions will continue until I request otherwise, or the agency determines the debt is satisfied.

Employee Signature

Date

I understand this deduction will be withheld from my pay in accordance with the State Salary and Annuity Withholding Act. In authorizing this deduction, I acknowledge that, when required, the University will provide third party non-University organizations with my partial Social Security Number. I recognize that many of these third parties require a Social Security number. In addition, many State and Federal forms will also require SSN.

University Payroll & Benefits does not have any information or control over Illinois State Offset deductions. Employees must work directly with the agency that initiated the deduction.