



## DEBT COLLECTION AND RECOVERY AUTHORIZATION FORM

I, \_\_\_\_\_ acknowledge that I am responsible for satisfying any outstanding financial obligations to Claflin University while serving in an active or inactive capacity. Any debt owed to the University will be deducted from my salary/wages through payroll deduction or a personal agreement.

This document authorizes Claflin University to deduct monies from my paycheck to resolve any type of debt or outstanding obligation, including property and equipment, from my regular paycheck, final paycheck, vacation leave check, or any other sources of funds that I may receive from the University. Should it become necessary to impose the collection and/or recovery process, this Form and/or the policy grants the University permission to make the appropriate payroll deduction.

I acknowledge that Claflin University can make appropriate deductions from my paycheck (salary/wages) to satisfy my outstanding financial obligations to the University:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Claflin University reserves the right to deduct money of current or separated employees with or without a Debt Collection and Recovery Authorization Form.**

\*Refer to University Policy Number 200.16: Policy on Debt Collection and Recovery for more information.

**Special note:** Submit signed copy to the Office of Human Resources.