



UCF Technology Product Center Payroll Deduction Agreement

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tpc@ucf.edu

Technology Product Center Use only

Invoice #: _____

Order #: _____

CUSTOMER

Last Name: _____ First Name: _____

Employee ID: _____ Driver's License: _____

Personal Email: _____

HOME ADDRESS

Street: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home: (____) _____ Office: (____) _____

PAYMENT TERMS

Total Amount of Sale: \$ _____ - Initial payment (min: 10% of total sale): \$ _____
(Negative Number)

= Total Deduction Amount: \$ _____
((\$500 minimum, \$3,000 max)

÷ Selected Number of Payments: _____ (see payment scale)

= Amount deducted per paycheck: \$ _____

Payment scale:

\$350 to \$500 - 6 payments or 3 months maximum deduction period (in stock items only)

\$500 to \$1,000 - 12 payments or 6 months maximum deduction period

\$1,000 to \$2,000 - 16 payments or 8 months maximum deduction period

\$2,000 to \$3,000 - 20 payments or 10 months maximum deduction period

NO RETURNS

ON PURCHASES MADE THROUGH
PAYROLL DEDUCTION

AGREEMENT & PROMISSORY NOTE

I acknowledge and agree to comply with the terms and conditions contained above in the payment terms section of this form. I, _____, promise
(print name)
to pay any outstanding balance owed in connection with this purchase regardless of my employment status with the University of Central Florida and I acknowledge that any amount owed on this purchase becomes due immediately upon the end of employment with the University of Central Florida. I further acknowledge and authorize deduction from my final salary warrant of any outstanding balance owed by me in connection with this purchase, including but not limited to deduction from any annual leave payout, if applicable, and deduction from any sick leave payout, if applicable, less statutory deductions, child support or alimony payments. If any outstanding balance is not paid in full within 60 days of termination from the University, a hold will be placed on my academic standing at UCF, if applicable, and the account will be turned over to a collection agency and I will be responsible for any and all additional fees and collection costs that accrue. Once the account is turned over to collections, all payments must be made directly to the collection agency.

Employee's Signature: _____

Date Signed: ____/____/____

Enrollment date of payroll deduction*: ____/____/____

Eligibility Verified and Approved by: _____

Date Signed: ____/____/____

*Enrollment date reflects date signee has entered into the financing agreement with the Technology Product Center. The first deduction may not be reflected until the following pay period.