## Basketball Ticket Deduction Authorization

Employee Name: _				
BU ID Number:				
2	-	•	University to deduct from managed lamount) for basketball ticket	,
Please check one o	f the follow	ings:		
Full total from	August che	ck		
Two equal pay	ments from	August and Sep	tember checks	
Three equal pa	yments fron	n August, Septe	mber and October checks	
Signature			Date	
	Paid:	Monthly	Biweekly	
	C 1 C .	1.0		

Complete form and forward with your ticket order to: Athletic Ticket Office One Bear Place #97108