



MIT Card Services
Building E32-117
(617) 253-2173
techcash@mit.edu

TechCASH Payroll Deduction Application Form

Name: _____ Email: _____

MIT ID#: _____ MIT Address: _____

MIT Department: _____ Phone: _____

Payroll Status: Monthly Weekly Hourly Confidential

I authorize payroll deductions for charges made with this card (maximum allowable charge per weekly payroll will be \$100.00, per monthly payroll \$400.00).

Signature

Date

Mail completed form to: TechCASH Office, E32-117