

DEPARTMENT OF STUDENT FINANCING

STAFF GUARANTEE FOR STUDENTS WITH OUTSTANDING FEES

INSTRUCTIONS

1. Please complete this form using BLOCK letters. 2. Please tick/check the appropriate option(s).

I _____ guarantee to pay outstanding fees owed by
NAME OF STUDENT, ID # **ID# OF STUDENT** amounting to
\$_____.

I therefore commit to settling this balance by way of Salary Deduction; making
___ monthly/fortnightly payments of \$_____ per month/fortnight.

I further understand and accept that this agreement is irrevocable unless payment is made in full over the counter and proof of payment presented to the Office of the Director of Student Financing, along with a letter instructing the Payroll Department to cease salary deductions.

Employee Name

Signature

Date

FOR OFFICIAL USE ONLY

VERIFIED BY : _____
Accounting Assistant Date

APPROVED BY: _____
Director Student Financing Date

Payroll/Payables Date

STAMP