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Division of Student Affairs  
Quote # \_\_\_\_\_  
Payroll Initial \_\_\_\_\_  
Payroll: \_\_\_\_\_

### CUSTOMER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Banner ID: \_\_\_\_\_ Flashline User Name: \_\_\_\_\_

### HOME ADDRESS

Street: \_\_\_\_\_ Work Email: \_\_\_\_\_  
City: \_\_\_\_\_ Home Email: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone#: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_

### PAYMENT TERMS

Total Amount of Sale: \$ \_\_\_\_\_ - Initial payment (min: 10% of total sale): \$ \_\_\_\_\_  
= Total Deduction Amount: \$ \_\_\_\_\_  
Selected Number of Payments: \_\_\_\_\_ = Amount Deducted Per Paycheck: \$ \_\_\_\_\_  
Payment Scale:  
\$300 to \$3000 - 12 payments (6 months) deduction period or 24 payments (12 months)  
Payment level will be approved upon salary verification from Payroll. Payroll deduction is only available for full-time Kent State University employees at the university for 6 months or more.

**NO RETURNS**  
***on purchases  
made through  
payroll  
deduction***

### AGREEMENT & PROMISSORY NOTE

By my signature below, I authorize the Flash Technology Center to 1) verify on a periodic basis my salary with Payroll, and 2) authorize payroll deductions from my check as indicated above. I promise to pay any outstanding balance owed in connection with this purchase regardless of my employment status with Kent State University. I acknowledge that any amount owed on this purchase becomes due immediately upon the end of employment with Kent State University and authorize deduction from my final salary payment and outstanding balance owed by me in connection with this purchase, including but 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 upon termination from the University, and if enrolled I acknowledge that a hold will be put on my academic account at Kent State University until the debt is repaid. I also acknowledge that, unless another mutually agreement payment plan has been reached within thirty (30) days from termination, the account will be turned over to a collection's agency, and I will be responsible for any and all additional fees and collection cost that accrue, including but not limited to attorney's fees and court costs. Once the amount is turned over to collections, all payments must be made to the collection agency.

Employee's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Eligibility Verified and Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**For Office Use Only**  
Enrollment Date  
of Payroll Deduction: \_\_\_\_\_

Enrollment date reflects the date that the employee has entered into this agreement and promissory note with Kent State University.  
Only one payroll deduction at a time.