

UNIVERSITY OF
CENTRAL MISSOURI
ALUMNI • FOUNDATION

University of Central Missouri
Payroll Deduction Authorization

Name (Typed or Printed) _____
Campus extension

Banner ID

Please check one of the following:

- New
 Add to my current payroll deduction authorization
 Replaces my current payroll deduction authorization
 Stops all my current payroll deductions effective month/day/year _____

Is this a continuous payroll deduction? ____ Indicate your desired start month: _____

**Note: all deductions will begin on the 1st of the month.*

If this **is not** a continuous payroll deduction,

What is the start date? _____ Stop date? _____

Amount per pay period? \$ _____ Total Authorized? \$ _____

I hereby authorize **semi-monthly** deductions of \$ _____ from my salary. **A minimum of \$5 per pay period is required to use payroll deduction.** The amount authorized and deducted shall be paid by the University of Central Missouri to the University of Central Missouri Foundation, as a contribution by the individual signing this authorization, to be used to support programs of excellence at the University of Central Missouri.

It is agreed by the undersigned that appropriate withholding shall be made from the employee's gross compensation for (a) federal and state taxes, social security, Medicare, and (b) employee contributions to other staff benefits, *before* the above deduction is made.

_____	\$ _____
Gift Designation	Amount per pay period
_____	\$ _____
Gift Designation	Amount per pay period
_____	\$ _____
Gift Designation	Amount per pay period

(Continue on a separate sheet if more space is required)

\$ Total Yearly Gift Amount

Signature

Date

*Please make a copy of this form to keep for your records and return this original to
UCM Alumni Foundation, University Advancement, Smiser Alumni Center, Elliott Student Union*