



University of Central Missouri
Payroll Deduction Authorization

Name (typed or printed)

Campus extension

Banner ID

Please check one of the following:

- checkbox New
checkbox Add to my current payroll deduction authorization
checkbox Replaces my current payroll deduction authorization

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
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 Foundation, Smiser Alumni Center, Warrensburg, MO 64093