

Authorization for Payroll Deduction
For contributions to the university

_____ New _____ Change _____ Cancel

Name (Last, First, Middle)

Employee ID

Department

Campus Address

1. Payroll deduction information:

(Please note: Payroll deduction payments must be a minimum of \$2 per pay period over a minimum of 12 pay periods.)

Monthly

I authorize the deduction of \$_____ (\$2 minimum) from my paycheck each month:
(check one) _____ until further notice, _____ until my total pledge of \$_____ has been paid

Bi-weekly

I authorize the deduction of \$_____ (\$2 minimum) from my bi-weekly paycheck:
(check one) _____ until further notice, _____ until my total pledge of \$_____ has been paid

2. Please direct my gift to:

Account name, Department, College or Program

3. Authorization:

Donor Signature

Date

Authorizing University Relations Representative

Date

Return this form to Development Systems, Woods Hall 107

For University Development use only

Account name _____ MoCode _____

Account name _____ MoCode _____

Human Resources, Payroll, Records and HRIS:

Please active this Authorization for Payroll Deduction, using the following Account and Element number:

MoCode # _____ **/PS Account** _____ **Element #** _____