



**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

Is this a continuous payroll deduction? \_\_\_\_ Indicate your desired start month: \_\_\_\_\_

\*Note: all deductions will begin on the 1<sup>st</sup> 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**