



**Authorization for Payroll Deduction**

*for UMKC employees only*

New  Change  Cancel

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Social Security Number / Federal ID #    UMKC Department

\_\_\_\_\_  
Preferred Mailing Address

**Monthly Contribution**

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

**Bi-weekly Contribution**

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

**Please deposit my payroll deduction in the following account(s):**

Account name \_\_\_\_\_ Amount \_\_\_\_\_  
Account name \_\_\_\_\_ Amount \_\_\_\_\_  
Account name \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Effective Date

***Please return this form to:  
UMKC Advancement Services  
229 Administrative Center, 5100 Rockhill Road  
Kansas City, MO 64110-2499***