UMKC | UNIVERSITY OF MISSOURI-KANSAS CITY FOUNDATION

Authorization for Payroll Deduction

for UMKC employees only

❑ New ❑ Change ❑ Cancel

_____

Name (Last, First, Middle)

_____ _____

Employee ID number # 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:
229 Administrative Center, 5100 Rockhill Road
Kansas City, MO 64110-2499