



PAYROLL DEDUCTION AUTHORIZATION

ROUTING NUMBER
2815 8041 7

P.O. Box 1795
Columbia, MO 65205-1795
573-874-1477
1-800-451-1477

Name: (Print) _____ **Date:** _____

Last First Middle

Address: _____

Street City State Zip Code

SS#: _____ **Savings Account:** _____ **Home Phone #:** _____

Place of Employment: _____ **Dept./Div.:** _____

Deduction Amount: _____
Payroll Frequency: _____

**TO PAYROLL OFFICE
(Action Requested)**

You are hereby authorized to take the requested actions above with respect to deductions and/or changes from salaries or wages due to me in the amount specified above which are for remittance to Mizzou Credit Union to be credited/debited to my account. Action will be effective within 2 full pay periods and deductions will continue until cancelled by me in writing.

Employee Signature