



University Payroll Deduction

Name: _____ Banner ID _____

Date: _____ Department _____

Check One: Monthly Payroll _____ Bi-Weekly Payroll _____.

I hereby authorize Southeast Missouri University Foundation to deduct from my payroll check the following:

\$ _____ each pay period
(until stop deduction is submitted)

OR

\$ _____ paid over _____ pay periods = _____ deducted per pay period
(example: \$100 over 12 pay periods = \$8.33 per pay period)

Start/Change Date: _____ (dd/mm/yyyy)

Deduction to be used for:

_____ Unrestricted

_____ College, Department, or Program _____

Signature: _____ Date: _____

Return completed form to:

**Southeast Missouri University Foundation
MS7300**

NOTE: Keep a copy for your records.

<u>Foundation Office Use Only:</u>			
<u>Campaign</u>	<u>Designation</u>	<u>Amount</u>	<u>Date Pledge Entered</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Received in Foundation: _____