

UNIVERSITY OF MISSOURI-ST. LOUIS
**AUTHORIZATION FOR
PAYROLL DEDUCTION**
FOR CONTRIBUTIONS TO THE UNIVERSITY



New Change Cancel

Name

Employee ID

Department

MONTHLY CONTRIBUTION

I authorize the deduction of \$ _____ from my paycheck each month: *(check one box below)*

until further notice

until my total pledge of \$ _____ has been paid.

one time only

BI-WEEKLY CONTRIBUTION

I authorize the deduction of \$ _____ from my bi-weekly paycheck: *(check one box below)*

until further notice

until my total pledge of \$ _____ has been paid.

one time only

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

Account Name _____ Amount \$ _____

Account Name _____ Amount \$ _____

Donor Signature _____ Date _____

Authorizing Advancement Representative _____ Date _____

FOR ADVANCEMENT USE ONLY

Advance ID: _____

Account Name _____ Allocation # _____ MOCode _____

Account Name _____ Allocation # _____ MOCode _____

Human Resources; Payroll, Records & HRIS:

Please activate this Authorization for Payroll Deduction, using the following Account and Pledge number:

Clearinghouse Code _____ Pledge# _____

-574 Ongoing

-597 Declining Balance



PLEASE RETURN TO:

University of Missouri-St. Louis, Advancement Services
308 Woods Hall, 1 University Blvd., St. Louis, MO 63121