

PAYROLL WITHHOLDING

AUTHORIZATION FORM

PURPOSE: Monthly Payroll Deduction

- \$ _____ Credit Union
- \$ _____ Kansas City Life (Annuity)
- \$ _____ Western United (Annuity)
- \$ _____ CCP Companies (Annuity)
- \$ _____ American Funds (Annuity)
- \$ _____ S125 (pre-tax) Dependant Medical Insurance
Premiums
- \$ _____ S125 (pre-tax) Dependant Dental Insurance
Premiums
- \$ _____ Tax deductible donation to UMCHS
- \$ _____ UMCHS Child Care Deduction
- \$ _____ Other _____
(please specify)

Amount to be withheld **each pay period** \$ _____

Beginning date _____ Ending date _____

Employee Name (please print) _____

Employee Signature Date _____

Fiscal Department Use Only

Date Entered _____ by _____