

**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) \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Employee Signature

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Fiscal Department Use Only

Date Entered \_\_\_\_\_ by \_\_\_\_\_