

PAYROLL DEDUCTION AUTHORIZATION

Please complete this form and return to the Alumni Office or email to gamsj@uiu.edu.

For additional questions please contact UIU Advancement Operations Manager, Julie Games, at gamsj@uiu.edu or 563-425-5388.

REASON FOR SUBMISSION	
<input type="checkbox"/> NEW PAYROLL DEDUCTION AUTHORIZATION	
<input type="checkbox"/> CHANGE TO CURRENT PAYROLL DEDUCTION AUTHORIZATION	
REASON FOR CHANGE	
<input type="checkbox"/> CANCEL CURRENT PAYROLL DEDUCTION	
EFFECTIVE DATE	
(Please allow 14 days for processing)	
PAYROLL DEDUCTION INFO	
Amount of Deduction <input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100	
<input type="checkbox"/> Other _____	
Designation	
Please start my gifts with the pay period ending	
Please end my gifts with the pay period ending	
EMPLOYEE CONTACT INFORMATION	
Name	
Address	
City/State/Zip	
Phone Number	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell
<i>Thank you for your support of Upper Iowa University!</i>	

I authorize Upper Iowa University to deduct from my paycheck each month, until further notice, the amount listed above. This authorization is to remain in full force and effect as listed above or until Upper Iowa University has received written notification from me of its cancellation. This notice must be received within 14 days of the cancellation date.

Signature

Date