

PAYROLL DEDUCTION REQUEST
(for Mizzou retirees only)

Name (last, first, middle): _____

People Soft Employee ID: _____ - _____

(Located at the top of your pay stub)

OR

Social Security Number: _____ - _____ - _____

Deduction

Department: _____ **RET** _____

Code: __392__

Mailing Address: _____

Daytime Phone: _____

I hereby authorize \$_____ be deducted from each of my paychecks and contributed to the University of Missouri – Columbia as designated below:

- until (date) _____ (minimum three month contribution) or
- until further notice or
- until total pledge of \$_____ has been paid

Giving Designations:

\$_____ Designation: _____

\$_____ Designation: _____

\$_____ Designation: _____

\$_____ Designation: _____

Signature: _____ Effective Date: _____

Please check one of the following:

- I am a new payroll donor.
- This is in addition to current deductions.
- This replaces current deductions.

Comments: _____

Send this form to:

Mizzou Gift Processing
University of Missouri – Columbia
109 Reynolds Alumni Center
Columbia, MO 65211
573-882-0274

formizzou.missouri.edu