



The Edgar L. and Rheta A. Berkley
Child and Family Development Center

Authorization For Payroll Deduction

For UMKC employees only

Employee Name (Please Print)
Employee ID:
Phone:

Directions: Please complete the top section and the appropriate section below with signature and date.
Forward to HR through campus mail (AC 226) or fax to (816-235-5515).

To the UMKC Human Resources department:

I authorize UMKC to deduct \$ _____ from my paycheck each pay period.

Employee Signature: _____ Date: __/__/__

Cancel

Please cancel my payroll deduction effective date: ____/____/____.

(Must be received 10 days before next pay day in order to ensure deductions cease on next paycheck.)

Employee Signature: _____ Date: __/__/__