PAYROLL DEDUCTION AUTHORIZATION

UMHHC Interpreter Services Program
Language Classes
2025 Traverwood Dr. Suite A4
Ann Arbor, MI 48105

Phone (734) 936-7021
Fax (734) 998-2199

Please print.

NAME _____ UMID _____

Name of Payroll Deduction _____

Effective Paydate _____ _____Monthly _____ Biweekly

Amount to be deducted $ _____ _____1 deduction _____2 deductions

Deductions will be taken out from the first paycheck of the following month after the class begins.
Deductions will be taken from 2 separate consecutive months if you selected 2 payment deductions.

I authorize the above action to be taken for my deduction and agree to its remittance in accordance with schedules established by the University. I realize that this Authorization must be in the Payroll Office at least ten day prior to the effective paydate.

_____ _____ _____
Signature Date Daytime Phone #