PAYROLL DEDUCTION AUTHORIZATION

UMHHC Interpreter Services Program
Language Classes
UH2B207 SPC 5059
1500 E Medical Center Drive
Ann Arbor, MI 48109-5059

Phone (734) 936-7021
Fax (734) 615-0310

Please print.

NAME _____ UMID _____

Name of Payroll Deduction Language Classes

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 #