



University of Missouri

Faculty & Staff Campaign

PAYROLL DEDUCTION REQUEST

Employee Name (last, first, middle): _____

People Soft Employee ID: _____

Department: _____ If retired, please check box:

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: _____ Email: _____

Giving Designations:	MoCode (if known)
\$ _____ Designation: _____	_____
\$ _____ Designation: _____	_____
\$ _____ Designation: _____	_____

I hereby authorize \$ _____ be deducted from each pay period and contributed to the University of Missouri as designated above:

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

Please check one of the following:

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

Signature: _____ Effective Date: _____

Comments:

Note: Due to payroll deadlines and processing time frames it may take 1-2 pay periods for your deduction(s) to take effect.

Please send form to:
Mizzou Gift Processing
407 Reynolds Alumni Center
Columbia, MO 65211