

DEDUCTION AUTHORIZATION OR CANCELLATION

PAYROLL OFFICE - UNIVERSITY OF MICHIGAN
3003 S. State St, G395 Wolverine Tower - Low Rise
Ann Arbor, MI 48109-1279

DA

Phone (734) 615-2000
Fax (734) 647-3983

Please print.

NAME _____ UMID _____

Name of Payroll Deduction _____		
Effective Paydate _____	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Monthly
Month Day Year		

Check one.	<input type="checkbox"/> I wish to set-up a new deduction for \$_____.
	<input type="checkbox"/> I wish to change my existing deduction from \$_____ to \$_____.
	<input type="checkbox"/> I wish to cancel my existing deduction.

NOTE: This form is not to be used for retirement plans. Go to: <http://www.umich.edu/~benefits/forms/retirement.htm>

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 days prior to the effective payday.

Signature Date Daytime Phone #