

DEDUCTION AUTHORIZATION OR CANCELLATION

PAYROLL OFFICE - UNIVERSITY OF MICHIGAN

DA

1000 Victors Way
Ann Arbor, MI 48108

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

Please print.

NAME _____ UMID _____

Name of Payroll Deduction _____

Effective Paydate _____ Biweekly Monthly

Month Day Year

Check one. I wish to set-up a new deduction for \$_____.

I wish to change my existing deduction from \$_____ to \$_____.

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 #