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

573-882-0274 | **giftprocessing@missouri.edu** | **giving.missouri.edu**