

PAYROLL WITHHOLDING

AUTHORIZATION FORM

PURPOSE: Monthly Payroll Deduction (In this section, enter the amount you want deducted *each month.*)

% _____ AUL (403 (b))
\$ _____ S125 (Pre-Tax) Child Care Deductions (PSA)
\$ _____ S125 (Pre-Tax) Health Related Expenses (PSA)
\$ _____ S125 (Pre-Tax) Supplemental Premium Account (PSA)
\$ _____ Dependent Medical (pre-tax) Insurance Premiums
\$ _____ Dependent Dental (pre-tax) Insurance Premiums
\$ _____ Summer Insurance Co-pay Deduction
\$ _____ Tax deductible donation to UMCHS
\$ _____ UMCHS Child Care Deduction
\$ _____ Other _____
(please specify)

Note, in this section, enter the amount you want deducted *per pay period.*

Amount to be withheld **each pay period** \$ _____ % _____

Beginning date _____ Ending date _____

Signing this form acknowledges consent for these deductions to be taken from your paycheck.

Employee Name (please print) _____

_____ Date _____

Employee Signature

Fiscal Department Use Only

Date Entered _____ by _____