The University of Mississippi Medical Center Fund
A Fund in the University of Mississippi Foundation
Development Accounting
2500 N. State Street, Jackson, MS 39216-4505
Phone (601) 984-1771; Fax (601) 984-1064

PAYROLL DEDUCTION AUTHORIZATION FORM
PAYROLL DEDUCTION CODE: VCO1

Employee name: _____ Employee I.D. # _____

Department: _____ Phone: _____

I authorize payroll to deduct:

$_____ for the area of greatest need

$_____ for _____
(Indicate designation)

$_____ for _____
(Indicate designation)

$_____ TOTAL ◯ Monthly ◯ Bi-Weekly

Please begin this deduction on _____ and end on _____, or to continue until
mm/dd/yy mm/dd/yy
further notice.

_____ ☐ Check here if this is a new deduction

_____ ☐ Check here if this deduction is IN ADDITION to your current deduction

_____ ☐ Check here if this deduction is REPLACING existing deduction

Employee Signature _____ Date _____

Development Accounting Signature _____ Date _____

Please mail completed form to Development Accounting, Room U019, Learning Resources Building, or fax to: 601-984-1064.

Reset Form