

Kansas State University

Employee ID # _____

AGENCY PAYROLL DEDUCTION AUTHORIZATION

(Submit all copies of this document to applicable Service unit 30 days prior to effective date of first deduction.)

EMPLOYEE NAME _____
(Please print) LAST FIRST M.I.

HOME DEPARTMENT _____ WORK PHONE _____

The Kansas State University Division of Human Resources is authorized to:

____ START the KSU Agency Deduction checked below effective with my KSU paycheck dated _____, 200____; and continue indefinitely until I file authorization to stop.

____ STOP deduction checked below effective with my KSU paycheck dated _____, 200____; (Note: STOP requires signature of the applicable Service unit.)

SERVICE UNITS	AMOUNT PER BIWEEKLY PAY PERIOD
<u>XX</u> KSU Foundation Contribution Account #D28350	\$ _____
____ KSU Athletics Football Season Ticket(s) (Issued when total cost is collected)	\$ _____
____ Federal Thrift Savings Loan (Federal Extension Only)	\$ _____
____ KSU Recreational Services Membership	\$ _____

This is a voluntary decision on my part and I accept the risks associated therewith. I understand that I am responsible for the TOTAL cost of tickets or other services I receive. I understand that there may be price increases. I have completed this authorization at the Service Unit and understand that the Service Unit may help me calculate an appropriate amount per pay period for this deduction. I understand that if at any time I do not have net pay sufficient to cover the deduction, Human Resources will remove the deduction and notify me as well as the applicable Service Unit as quickly as possible. This authorization is effective until I file a subsequent STOP authorization. Cancellation requires signature of the applicable Service Unit.

DATE: _____ SIGNATURE _____
Employee

DATE: _____ SIGNATURE _____
Service Unit Authorized Official (Required)

(Send original to Stacey Warner at 121 Umberger Hall or Chuck Otte in Geary County. Keep copy for your records.)