

*Hilary J. Boone Center*  
**Authorization for Payroll Deduction (Mandatory)**

*Name:* \_\_\_\_\_  
Last First MI

*Activity:* New \_\_\_\_\_ Change \_\_\_\_\_ Termination \_\_\_\_\_

*Deduction Amount* \$ \_\_\_\_\_ per month

*Effective Date* \_\_\_\_/\_\_\_\_/\_\_\_\_ *SS #* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*Check how often you are paid:* Bi-weekly \_\_\_\_\_ monthly \_\_\_\_\_

*Authorized Signature:* \_\_\_\_\_



*Hilary J. Boone Center*  
*at the*  
*University of Kentucky*