

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the Human Resources Office of the University of Central Arkansas to deduct \$_____ per pay period from my salary to be placed in the following UCA Foundation's _____ Fund effective the following dates:

Beginning pay period _____ (month/day/year)

Ending pay period _____ (month/day/year, or
(until further notice)

Employee Signature: _____

Employee Name (please print): _____

Social Security Number: _____

Date: _____

*Please return this form to: UCA Foundation
UCA Box 4986
Buffalo Alumni Hall*