



SOUTHEAST DEDUCTION

Employee Payroll Deduction Form (One Deduction per Form)

I am requesting Payroll Deduction as follows:

Action (until further written notice):

___ Start PR Deduction* ___ Change PR Deduction* ___ Stop PR Deduction**

* Please allow two (2) weeks processing time for this to be effective.

** Please note that this information will remain on file with the University until the deduction is complete or you complete a new form to stop (or change) your deduction information.

Name/Address Information (please print clearly):

Southeast ID: _____ Department of Employment: _____

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (Cell): _____ Phone (W): _____

Payroll Deduction (please print clearly):

Type of Deduction: (Select One per Form)

<input type="checkbox"/> Child Care – Location: _____	<input type="checkbox"/> Redhawks Club Membership
<input type="checkbox"/> Recreation Center Charge	<input type="checkbox"/> Foundation – Unrestricted
<input type="checkbox"/> Redbucks	<input type="checkbox"/> Foundation – Specific Program: _____
<input type="checkbox"/> Other – _____	<input type="checkbox"/> KRCU

Total Amount of Deduction (per pay period): _____

Deduction Frequency (check ONE): ___ Monthly ___ Bi-Weekly

For Student Rec Center: **ATTACH OPTIONS Form with Signature**
(The form must be completed with your option circled, your name and signature)

I hereby authorize and request Southeast Missouri State University to deduct from my payroll as an employee of Southeast MO State University accordingly for the total amount stated above. I understand the deduction requested will be credited to my University account, and I may cancel this deduction at any time.

I understand that this authorization shall remain in effect until revoked by me, allowing time to meet payroll deadlines in order to implement any changes in this deduction.

Change or cancellation of this authorization must be made in writing. This deduction request supersedes any and all prior deduction requests concerning my University account.

I acknowledge responsibility for my debts owed to the University and realize that if the payments are not met, the debts are subject to University administrative review and/or collection agency referral by the University without further notice. By signing this agreement form, I agree that the University has the right to recover any collection and/or litigation costs incurred in the collection of any amount due up to 50% of the account balance.

SIGNATURE: _____ DATE: _____

SUBMIT COMPLETED FORMS to: Southeast Missouri State University
HUMAN RESOURCES DEPT One University Plaza – MS3150 Cape Girardeau MO 63701

QUESTIONS? Contact Human Resources at (573) 651-2206

Copy to Foundation/HR