

Payroll Deduction Enrollment Application

Participant information Last name _____ First _____ M.I. _____
 (Please print) Social Security number _____ - _____ - _____ Effective date _____
 Drury I.D. number _____

Category choices and amounts	Employee deduction (non-flex)
United Way campaign	\$ _____
St. John's Fitness Center	\$ _____
AAUP dues	\$ _____
Capital campaign	\$ _____
Scholarship Fund	\$ _____
Gifts - alumni	\$ _____
Other _____	\$ _____
Other _____	\$ _____

Authorization I authorize Drury University payroll to deduct the amounts indicated above from my regular monthly paycheck. I understand that these deduction(s) will be taken after Social Security and federal and state withholding taxes are calculated and deducted. I understand the deduction(s) will not cease or change without the completion of a new form.

Signature _____ Date _____