



**KU Medical Center**  
**Authorization for Payroll Deduction of Contributions to**  
**The Kansas University Endowment Association**

Employee Name: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ (Last 4 digits only)

Employee's Department at KU Medical Center: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, the undersigned, hereby authorize payroll deduction and payment of a contribution in my behalf to The Kansas University Endowment Association. I authorize the amount of \$\_\_\_\_\_ to be deducted in each biweekly pay period beginning \_\_\_\_\_(MM/DD/YY) and ending \_\_\_\_\_MM/DD/YY) for a total amount of  \_\_\_\_\_ or  until I forward written notice to terminate my payroll deduction.

I direct that my contribution is to be used for: \_\_\_\_\_

I request that my contribution be credited:

in my name only

as a joint contribution from my spouse and me.

Spouse's full name: \_\_\_\_\_  
*first middle last*

Other (please specify): \_\_\_\_\_

I understand that this agreement may be changed or terminated upon delivery of 30 days advance written notice delivered to:

The Kansas University Endowment Association  
University of Kansas Medical Center  
3901 Rainbow Boulevard  
Mail Stop 3012  
Kansas City, KS 66160-7804

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Accepted: The Kansas University Endowment Association

Date: \_\_\_\_\_ By: \_\_\_\_\_