



## Miami University Payroll Deduction form

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Department/office: \_\_\_\_\_

Please deduct \$\_\_\_\_\_ each pay period

Beginning: \_\_\_\_\_ (month/date/year)

ending \_\_\_\_\_ (month/date/year)

continuing indefinitely

My pay schedule is:  monthly for 12 months  monthly for 9 months  bi-weekly

My gift should be:  unrestricted  designated to: \_\_\_\_\_

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

*Please fill out this form, print it and sign it.*

*Send to: University Advancement Gift & Data Management, Advancement Services Building, Miami University, Oxford, OH 45056*