

UNITED WAY OF ALBANY COUNTY PAYROLL DEDUCTION AUTHORIZATION

- I hereby authorize you to deduct \$_____ monthly from my University of Wyoming payroll checks, **until further notice from me**, and transmit the amount each month to United Way of Albany County.
- I'm already contributing to United Way. Please *increase* my current contribution by \$ _____ per month. *No reply is necessary if you would like to continue your payroll deduction at your current rate.*

Name (please print) _____

Department _____

Signature _____

Employee number _____

You can look up your current status and donation amount at: <http://wyoweb.uwyo.edu>