



### UW Payroll Deduction Authorization

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

Name (please print) \_\_\_\_\_

Department \_\_\_\_\_

Employee Number \_\_\_\_\_

Signature \_\_\_\_\_

Access your current  
status and donation  
amount on WyoWeb.