

# *WISCONSIN PUBLIC RADIO*

## **Payroll Deduction Authorization**

**New participant**

**Change in participation amount**

### **Monthly Contribution Amounts:**

\$50.00 per month

\$30.00 per month

\$20.00 per month

\$10.00 per month

other monthly amount

### **Starting Date:**

Next possible pay period

This date: \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

(Please Print)

Last

First

Middle

Social Security No.

I hereby authorize the University of Wisconsin to deduct the amount of my annual membership in the Wisconsin Public Radio Association in monthly installments from my paychecks. This authorization shall remain in effect unless terminated by me by notifying Wisconsin Public Radio.

**Note: Unclassified employees paid on a nine (9) month basis will have four (4) deductions taken from their June 1st check. Classified employees will have deductions taken from their biweekly "B" check each month.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_

***Please mail to: Wisconsin Public Radio • 821 University Avenue, Madison, WI 53706 • 608-263-2157***