



**425 Dining Plan
Payroll Deduction Authorization Form**

Name: _____

Department: _____

Last 4 Digits SSN: _____

KU Empl ID: _____

I hereby authorize the University of Kansas Payroll office to make 10 deductions of \$42.50 out of my check starting on the next available pay cycle after receipt of this form. If I terminate my employment with University before the 425 plan is paid in full, the remaining will be subject to collection efforts through the University Setoff.

Signature of Employee

Date