

DECLARATION OF PAYROLL DEDUCTION

I _____ authorize the Human Resources Office of Lincoln Memorial University to deduct from my gross salary/wages each pay period:

TIAA-CREF Supplemental Retirement Account (SRA) \$ _____

TIAA-CREF Roth \$ _____

Gift Contribution

New Change Designation Increase Amount Decrease Amount
Account Designation _____ \$ _____

New Change Designation Increase Amount Decrease Amount
Account Designation _____ \$ _____

New Change Designation Increase Amount Decrease Amount
Account Designation _____ \$ _____

Miscellaneous _____ \$ _____

Employee Signature

Date

DECLARATION OF ONE TIME PAYROLL DEDUCTION

I, _____, agree to pay to LMU, in full, the amount of \$ _____.

The purpose of this payment is for: _____.

I agree to have a one time deduction taken from my paycheck dated _____. In the event that my employment with LMU terminates before the deduction date, I agree to pay the full balance of the above stated amount to LMU. I understand and agree that any remaining balance that I owe will be taken from my last paycheck.

Employee Signature

Date