

Payroll Deduction Form WNMU-TV 906-227-1300 Northern Michigan University

Internal Use Only

	Date:
	Source Code:
Name: (Please print name as appears on social security and income tax information)	_
NMU Identification Number (NMUIN)(You can find it at myuser.nmu.edu/user)	
If this is a joint membership, please list other name	
Address	
Home Phone Campus Phone	
Email	
Employee Classification Department	
Amount to be withheld per pay period \$	
☐ Number of pay periods	
OR	
\square Continue deductions until further notice. (Sustaining Membership)	
Total annual deduction \$	
Begin withholding payments effective (date)	
Underwriting Partner Date OR Thank You Gift	
Proposed Underwriting Partner Wording:	
I hereby authorize Northern Michigan University to deduct the above amou	nt from my salary
for the pay periods indicated. I direct that these deductions are to be	e used for:
WNMU-TV, Public TV 13	

Please return this form to WNMU-TV, Public TV 13 Learning Resources Division by campus mail.

Or mail to: WNMU-TV, 1401 Presque Isle Ave, Marquette, MI 49855

_Date_____

Signature:_____