

UNIVERSITY OF ARKANSAS
PAYROLL DEDUCT REQUEST FORM

Please deduct \$ _____ from my paycheck for
_____ * months, totaling \$ _____

for National Public Radio affiliate KUAF. I direct my gift to be deposited to the
University of Arkansas Foundation/KUAF.

* If you would like your payroll deduct to run indefinitely, you may write “**until further notice**” on this line. Just contact KUAF when you want it stopped.

Please PRINT Name

Employee’s Signature

Today’s Date

Employee’s Social Security Number

Home Address

Home Telephone