

**University of Wyoming Payroll Deduction Authorization Form
2009-10 Basketball**

Date _____

Customer # _____

Total Deduction \$ _____

Name _____

Employee ID # _____

Full Time Part Time Department _____

Signature _____

OFFICIAL USE ONLY	<i>November</i> _____	<i>December</i> _____	<i>January</i> _____
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**Please complete, sign and attach to your renewal application and return before the September 14th
Deadline!**