



Payroll Deduction Form

Full Name: _____

KU Employee # (7 digits): _____

Department/Unit: _____

Phone _____ E-mail _____

- I authorize the University Theatre to initiate payroll deductions for the amount listed below. I agree to have this deduction paid directly to the University Theatre by the State of Kansas through the Payroll Deduction Authorization Program. Deductions will be taken out over 6 pay periods.

Faculty/Staff Season Pass Qty: _____ x \$115.00 = _____

Child/Student Season Pass Qty: _____ x \$ 70.00 = _____

Total Amount to be deducted _____

Signature: _____ Date: _____

University Theatre, 1530 Naismith Dr., Lawrence, KS 66045 785-864-3381 www.KUTheatre.com

University Theatre Box Office, Murphy Hall 785-864-3982 theatretickets@ku.edu