



Class Payroll Deduction Form

Name: _____ UMICH Email: _____

Phone #: _____ EMPLID: _____

Total \$: _____ 1 Deduction 2 Deductions (must be over \$100)

Signature _____ Date: _____

MHealthy must receive this completed form for your order to be completed and to be enrolled in any class.

Please submit this form via fax or in person to the fax number/address below. Call 734-975-3024 if you have any questions.

MHealthy

2850 S. Industrial, Suite 600
Campus Box 6773
Ann Arbor, MI 48104

FAX: (734) 975-3012 (dial all 7-digits)