

**NORTHERN MICHIGAN UNIVERSITY
EMPLOYEE AUTHORIZATION TO DISBURSE EARNINGS AND ALLOWANCES**

Employee Name

Social Security Number

I hereby declare that it is my will to authorize Northern Michigan University to disburse, in the event of my death, any and all vacation monies, wages, salary, monetary allowances or reimbursements and any other monies to which I shall have accrued a right of payment from the University at the time of my death to:

Name

Social Security Number

Street

City

State

Zip

This authorization may only be revoked by a writing specifically referencing this authorization which is communicated to the Human Resources Department or by the intentional physical destruction of the original of this document by the employee executing this authorization. A general revocation of prior wills and/or codicils shall not be effective as to this authorization.

This authorization shall be governed by the laws of the State of Michigan and in no way does it modify federal and state tax law treatment.

This authorization if executed this _____ day of _____ in the year _____.

Employee Signature

This authorization was declared to me by _____
To be his/her will as to the disbursement of monies in the event of his/her death.

Date: _____ Year _____

Witness

Date: _____ Year _____

Witness

Note: This document requires two (2) witness' signatures to be effective.

c: Human Resources
Employee