

Payroll Deduction Authorization Form

****PLEASE PRINT CLEARLY – ALL INFORMATION IS REQUIRED****

Last Name: _____ First: _____

Home Address: _____

City, State: _____ Zip: _____

H #: _____ W #: _____

P00#: _____

Signature: _____

Administrative Classified Faculty (9 Month)

Designation: _____

Total Gift Pledged \$ _____

One time deduction to be taken next pay period

\$ _____ per pay period until pledge paid off

Continuous Pledge

\$ _____ per pay period until further notice

Date pledge is to begin: ____/____/____

Stop current deduction(s)