



## PAYROLL DEDUCTION AUTHORIZATION

\_\_\_\_\_  
 Last Name                                      First Name                                      MI                                      Department

- This is in addition to my existing payroll deduction pledge.  
 This replaces my existing payroll deduction pledge.

Please have the Business Office deduct the amount designated below from my paycheck each payroll period.

\_\_\_\_\_  
 Signature of Employee                                      Date                                      Work Phone

PAYROLL TYPE:     MONTHLY                       BIWEEKLY

Fund Designation	Amount per Pay period	Duration of pledge (choose one option)	
		# of Pay Periods	Deduct until otherwise notified (X)
(example) St. Lawrence Fund	\$10.00		X
1.)			
2.)			
3.)			
4.)			
<b>Total Amount Pledged</b>			

Return the completed form to Advancement Services, Vilas Hall c/o Marilyn Peabody.