



Payroll Deduction Authorization

Last Name First Name MI Department

This is a new payroll deduction pledge

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:

Fund Designation	Amount per pay period	Duration of pledge	
		# of pay periods	Deduct until otherwise notified
St. Lawrence Fund (example)	\$25.00		X
Total Amount Pledged:			

Payroll Type: Semi-monthly Bi-weekly

Signature of Employee Date Work Phone Extension