



PAYROLL DEDUCTION FORM

(Choose one box listed below.)

I hereby give authorization for payroll deductions of \$ _____ per month starting _____ and ending _____
Month & Year Month & Year

I hereby give authorization for payroll deductions of \$ _____ per month starting _____ Your deduction will continue until we are notified in writing or by e-mail to cancel.
Month & Year

These funds will be used to support:

<u>Designation:</u>	<u>\$ Amount/month:</u>	<u>Total \$ Amount:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Name: _____ PLU ID# _____

Signature: _____ Date: _____

Questions? Please call 535-7177 Return to: Development Operations, 3rd Floor, Martin J. Neeb Center

FOR PAYROLL USE ONLY: Disposition number: _____