



# PAYROLL DEDUCTION FORM

(Please 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

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

Name: \_\_\_\_\_ PLU ID# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Questions? Please call 535-7177 Return to: Development Operations, Far East Campus*

*FOR PAYROLL USE ONLY: Pledge number: \_\_\_\_\_*