

2008-09 Founders Association Employee Drive

PAYROLL DEDUCTION AUTHORIZATION FORM

Last Name: _____ First Name: _____

Employee ID: _____

Total Amount of Gift: \$ _____ to be paid in _____ equal installments of \$ _____, effective with paycheck
dated _____.* (number)
(month/pay date)

** Classified staff should indicate week and month they would like payroll deduction to begin.*

Signature: _____ Date _____