



Payroll Deduction Authorization Form

Employee Donor Information

Name (Last, First, MI): _____

Spouse name (Last, First, MI): _____

Billing address: _____

City: _____ State: _____ ZIP: _____ Work phone: _____

Email: _____ Department: _____

Donation Information

Please indicate where the deducted funds should be applied.

- This is in addition to my existing Payroll Deduction.
- This replaces and/or updates my existing Payroll Deduction.
- This is my only Payroll Deduction Agreement.

Payroll Type:

- Monthly Salary
- Adjunct Contract

Fund Designation	Amount per Pay Period	Duration of pledges (please choose one option)	
		Number of Pay Periods	Deduct until otherwise noted (X)
(example) The Fund for Saint Martin's	\$10.00		X
1.			
2.			
3.			
4.			
Total Amount Pledged			

I hereby authorize and request Saint Martin's University to deduct in accordance with University Policy the amount designated below from my paycheck each payroll period and to remit the withheld amounts.

**Please complete this form
and return to:**

Saint Martin's University
Office of Institutional Advancement
5000 Abbey Way SE
Lacey, Washington 98503

Signature of Employee

Date