

Employee Payroll Deduction Authorization Form

Last Name First Name M.I.

Preferred Mailing Address

HSC Employee ID #

HSC Telephone Number

HSC Email

HSC Fax Number

<p>Please designate my contribution to the following school and purpose:</p> <p><input type="checkbox"/> CTRC <input type="checkbox"/> Dental School <input type="checkbox"/> Graduate School of Biomedical Sciences <input type="checkbox"/> School of Health Professions <input type="checkbox"/> School of Medicine <input type="checkbox"/> School of Nursing</p> <p>Fund or Purpose <i>(required)</i>: _____ _____</p>	<p>I wish to request the following payroll deduction(s):</p> <p><input type="checkbox"/> Monthly Deduction of \$ _____ <input type="checkbox"/> One Time Deduction of \$ _____</p> <p>Beginning pay period _____ Ending pay period _____ Total Contribution \$ _____</p>
---	--

Special Instructions (if any): _____

I authorize the Offices of Institutional Advancement and Payroll Services at The University of Texas Health Science Center at San Antonio to initiate the deduction(s) indicated above. I understand I may revoke this authorization at any time by giving both offices written notice.

Employee Signature

Date

THIS DOCUMENT IS FOR OFFICIAL USE ONLY

Please return this form to the UT Health Science Center at San Antonio, Office of Institutional Advancement, MC 7835, Attention: Gift Processing, San Antonio, Texas, 78229-3900