

Payroll Deduction Authorization Form (for Auxiliary Corporation employees)

☐ Asso	ciation		Foundation	☐ Programs for Ch	ildren 🗖 Ag Fou	ndation	
Please complete and send original to University Advancement (keep a copy for your records)							
DONOR INFORMATION							
Last Name:				First Name:		M.I.:	
Address:				City, State, Zip			
SSN:				Phone:			
Email:				Fax:			
EMPLOYMENT INFORMATION							
Job Title:							
DONATION INFORMATION							
Select Deduction Information Below:							
GIVING TO FRESNO STATE							
School/Unit:	Division	of St	udent Affairs				
Account Name: Food Security				Account Number: 300255			
DEDUCTION INFORMATION							
De				duction Type Pay P		Pay Period	l:
		Amount:			(Please check ONE box) (Office use only		y)
		□ \$	52.09/month (\$5	50.16/year)	□ New	Month Year	
		□ \$4.17/month (\$100.08/year)			□ Delete		
		□ \$	310.42/month (\$	6250.08/year)	(to delete an existing		
		□\$	\$20.84/month (\$	500.16/year)	payroll deduction):		
			31.25/month (\$		Specify:		
			641.67/month (\$		☐ Change		
				(\$2,500.08/year)	(to change an existing		
			Other:	(+-,= = = = =)	payroll deduction):		
					Specify:		
				UTHORIZATION			
Beginning on the date listed above, I authorize my employer to deduct the amount listed above from each of my payroll checks as a donation to the California State University, Fresno Foundation.							
as a donation to	the Californ	ia Sta	te University, Fres	no Foundation.			
This authorization shall remain in effect until either the termination of my employment or until I provide notice to my							
			e this payroll dedu		,	<i>y</i>	
C'and							
Signed:				D	ate:		
For office use only							
Comments:				J			

For questions, please contact Yvette Angeles at (559) 278-7137 or via email yangeles@csufresno.edu

Please submit this form to Yvette Angeles at Office of University Development 5244 N. Jackson Avenue, M/S KC 45 Fresno, CA 93740-8023

Phone: (559) 278-7137 / Fax: (559) 278-7925