



# Employee Contribution Payroll Deduction Authorization Form

Please print or type. Forward completed and signed form to Advancement Services, Yochum Rm. 49.

Name: \_\_\_\_\_

Capital ID #: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Fund to Contribute to: \_\_\_\_\_  
*(i.e. Capital Fund)*

Gift of \$ \_\_\_\_\_ per paycheck beginning \_\_\_\_\_ to continue indefinitely.

**OR**

Total Amount Donated: \$ \_\_\_\_\_ Total will be divided equally among months deducted.  
\* Hourly employees, equally across 26 pay periods.

July – June     Sept – June     Other: \_\_\_\_\_

Months to Deduct:     Jan.     Feb.     Mar.     Apr.     May     Jun.

July     Aug.     Sep.     Oct.     Nov.     Dec.

**Salaried employee** - deductions will begin on the 25th of the first month indicated; form must be received by 15th.

**Hourly employee** - deductions will begin with the first applicable pay period of the first month indicated. Form must be received 10 days prior to first deduction.

**You may change/cancel your commitment via written request to the Advancement Services Office.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Advancement Services use only:

Date entered: \_\_\_\_\_ By: \_\_\_\_\_