

Payroll Deduction Authorization Form for UGA Faculty and Staff



 Last Name First Name MI Department

- This is in addition to my existing payroll deduction pledge.
- This replaces my existing payroll deduction pledge.
- This is my only payroll deduction pledge.

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

 Signature of Employee Date Work Phone

Payroll Type: 10-month Academic 12-month Salaried Bi-Weekly Salaried Bi-Weekly Hourly _____
 last 4 digits of SS#

Fund Designation	Amount per Pay period	Duration of pledge (choose one option)	
		# of Pay Periods	Deduct until otherwise noted (x)
(example) Georgia Fund for University-wide Support	\$10.00		X
1.			
2.			
3.			
4.			
Total Amount Pledged (\$5 per month minimum)			

Return the completed form to Gift Accounting Office, 394 S. Milledge Avenue, Ste. 100, Athens, GA 30602-5582. Deductions can be terminated or changed by written notice. Please allow at least 14 days prior to a payroll transaction.

For more information, please contact: Office of Annual and Special Giving, 394 S. Milledge Avenue, Suite 100, Athens, Georgia 30602-5582. (706) 542-8119 / 1-888-268-5442 • www.givingtougas.com