

LSU HEALTH SCIENCES FOUNDATION PAYROLL DEDUCTION FORM

If you wish to make a single annual contribution to the LSU Health Sciences Foundation in Shreveport through a payroll deduction, please check "Single Annual Contribution" and complete the first section. If you prefer to make your contribution as a continuing payroll deduction, please check "Continuing Payroll Deduction" and complete the second section.

I, _____, hereby authorize my employer, until further notice from me in writing, to deduct the following amount from my paycheck.
(Print Employee Name)

Department	E-mail	Contact Number
Employee Signature	LSUHSC-S ID#	Date

Single Annual Contribution

Changing from:	\$	\$
	per year to	per year

Beneficiary Account Name & #

Amount

Effective Date

Total \$ _____. This amount will be deducted from the next pay check processed.

**Continuing Payroll Deduction
Per pay period**

Changing from:	\$	\$
	per year to	per year

Beneficiary Account Name & #

Amount

Effective Date

Total \$ _____.

This amount will be deducted from each pay check processed, beginning with the next paycheck.

**Please discontinue my Payroll deduction effective _____
or as soon after as possible.**

Signature

Please return this form to: LSU Health Sciences Foundation via campus mail.
Should you have any questions please contact the Foundation at 861-0855

APPROVED: _____ Processed by: _____ Date _____

Original forwarded to LSUHSC-S for processing on: _____