



Payroll Deduction Authorization Form

EMPLOYEE INFORMATION

Name (Last, First, M.I.)
Employee ID# Title
Home address
City State Zip
Phone Cell Business Home
Home Email Business Email

PRESIDENT'S COUNCIL GIFT DESIGNATION (Choose one)

- Unrestricted Dentistry Graduate Medical Nursing
Health Professions Laredo South Texas

MEMBERSHIP LEVEL/MONTHLY PAYMENT (Choose one)

- \$1,000 (\$84/month) \$2,500 (\$209/month)
\$5,000 (\$417/month) \$10,000 (\$834/month)

Payroll deductions are allowed for full-time employees. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deductions.

AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the Office of Institutional Advancement and Payroll Services at The University of Texas Health Science Center at San Antonio to initiate the monthly payroll gift deduction as indicated above.

I understand I may revoke this authorization at any time by giving both offices written notice.

I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me, or my employment with the UT Health Science Center terminates.

Signature Date

Please email your form to Gift Processing at: GiftProcessing@uthscsa.edu or mail it to the address listed below.

Thank you for making lives better!