

Payroll Deduction Authorization Form (for Auxiliary Corporation employees) Association Foundation Programs for Children Ag Foundation

Plea	ase complete a	nd send original to UNIVERSITY ADV	ANCE	EMENT (Keep a copy for your red	cords)		
		I. DONOR INFORM	ΛΑΤΙΟ	N			
Last name:			First n	t name:			
Address:							
City/State/Zip:			Phone	Phone:			
			Fax:				
			E-mai	E-mail:			
		II. EMPLOYMENT INFO	ORMA	ATION			
Job Title:							
III. DONATION INFORMATION							
SELECT	DEDUCTION I	NFORMATION BELOW:					
IV. GIVING TO FRESNO STATE							
School/unit:	X						
Account name: X				Account number: x			
		V. DEDUCTION INFO)RMA	ΓΙΟΝ			
		Deduction Amount:		Type (Please check ONE Box)		Pay Period: (Office use only)	
		□\$1.05/pay period (\$25.20/year) □\$2.09/pay period (\$50.16/year) □\$4.17/pay period (\$100.08/year) □\$10.42/pay period (\$250.08/year) □\$20.84/pay period (\$500.16/year) □\$31.25/pay period (\$750.00/year) □\$41.67/pay period (\$1,000.08/year) □\$104.17/pay period (\$2,500.08/year)	r)	 New Delete (to delete an existing payroll deduction): Specify: Change (to change an existing payroll deduction): Specify: 	Month	Year	
		VI. AUTHORIZA	TION				
Beginning	on the date li	sted above, I authorize my employed	r to de	educt the amount listed above f	rom eac	h of	

my payroll checks as a donation to the California State University, Fresno Foundation.

This authorization shall remain in effect until either the termination of my employment or until I provide notice to my employer that I wish to discontinue this payroll deduction.

Signed: