

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: