



WPUNJ Foundation - Employee Gift Giving Payroll Deduction Authorization Form

Return the Completed Form to the Payroll and Employee Benefits Office

Employee Name: _____ Banner ID #: _____

Campus Department: _____ Campus Phone Extension: _____

Please enroll me in the gift giving payroll deduction program (check one):

- Ongoing Gift, Bi-Weekly Amount: \$ _____
Bi-Weekly Gift with Limit, Bi-Weekly Amount: \$ _____ Total Amount of Gift: \$ _____
One Time Gift, Total Gift Amount: \$ _____

Designation of Gift Giving (Please check one)

- Fund for WP
William Paterson University Endowment Fund
General Scholarship Fund
College of Arts and Communication
Cotsakos College of Business
College of Education
College of Humanities and Social Sciences
College of Science and Health
Cheng Library
Athletics
Other - Please Specify: _____

I hereby authorize William Paterson University to make the above deductions from my paycheck(s).

Employee Signature _____ Date _____

Payroll and Employee Benefits Use Only

Payroll Deductions Started PP _____ by _____ [] Verified