



INITIATE PAYROLL DEDUCTION AUTHORIZATION FORM

Please complete this form to initiate a payroll deduction. If you wish to change or terminate your existing payroll deduction(s), please use the Change/Terminate Payroll Authorization Form.

Employee Name: _____ Employee ID: _____

Address: _____

City, State, Zip: _____

Work Email: _____

Work Phone: _____

Monthly Payroll Total Pledge \$ _____

Amount to be deducted each month: \$ _____

Starting Date: _____ (mm/yy)

Number of Installments:

<input type="checkbox"/> 12 (1 year)	<input type="checkbox"/> 48 (4 years)
<input type="checkbox"/> 24 (2 years)	<input type="checkbox"/> 60 (5 years)
<input type="checkbox"/> 36 (3 years)	<input type="checkbox"/> 72 (6 years)

Bi-weekly Payroll Total Pledge \$ _____

Amount to be deducted each pay period: \$ _____

Starting Date: _____ (mm/dd/yy)

Number of Installments:

<input type="checkbox"/> 26 (1 year)	<input type="checkbox"/> 104 (4 years)
<input type="checkbox"/> 52 (2 years)	<input type="checkbox"/> 130 (5 years)
<input type="checkbox"/> 78 (3 years)	<input type="checkbox"/> 156 (6 years)

Pledge distribution(s) per pay period: Split evenly: No Yes
(If yes, check the designations that apply or fill in other designations)

\$ _____ The Wake Forest Fund

\$ _____ The Wake Forest Fund for the College

\$ _____ The Wake Forest Fund for the School of Law

\$ _____ The Wake Forest Fund for the School of Divinity

\$ _____ The Wake Forest Fund for the Graduate School

\$ _____ The Wake Forest Fund for the School of Business

\$ _____ The Wake Forest Fund for Student Aid

\$ _____ The Wake Forest Fund for the ZSR Library

\$ _____ Deacon Club

Other:

Amount: \$ _____ Designation: _____

Amount: \$ _____ Designation: _____

Amount: \$ _____ Designation: _____

Amount: \$ _____ Designation: _____

Amount: \$ _____ Designation: _____

Comments: _____

Signature: _____

Date: _____