



## CHANGE OR TERMINATE EXISTING PAYROLL DEDUCTION AUTHORIZATION FORM

Please complete this form to **change or terminate** an existing payroll deduction. If you wish to initiate a payroll deduction, please use the Initiate Payroll Deduction Authorization Form.

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Check the appropriate box:  Terminate payroll deduction  Change payroll deduction

If requesting a change in payroll deduction, please include the total amount you wish to have deducted, not the increase or decrease in your current deduction.

**Monthly Payroll** Total Pledge \$ \_\_\_\_\_

Amount to be deducted each month: \$ \_\_\_\_\_

Starting Date: \_\_\_\_\_ (mm/yy)

Number of Installments:

12 (1 year)  24 (2 years)  36 (3 years)

48 (4 years)  60 (5 years)  72 (6 years)

**Bi-weekly Payroll** Total Pledge \$ \_\_\_\_\_

Amount to be deducted each pay period: \$ \_\_\_\_\_

Starting Date: \_\_\_\_\_ (mm/dd/yy)

Number of Installments:

26 (1 year)  52 (2 years)  78 (3 years)

104 (4 years)  130 (5 years)  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 Schools 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: \_\_\_\_\_

I understand that if I am terminating or changing a payroll deduction, that the change may not take effect during the current payroll cycle due to the time needed to process this request.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form to Gift Administration, Alumni Hall or email this form to wfugifts@wfu.edu