___ Current ___Endowment ___ Law

NEW SEMI-MONTHLY PAYROLL DEDUCTION MEMO

TO: Kim Brus, Gift Accounting Office, AD Box 98, ext. 5994
University Relations / Development Research & Information Services

FROM: EMPLOYEE NAME:_____

RE: Payroll Deduction **DATE**: _____

TOTAL DEDUCTION(S) FROM EACH PAYCHECK _____

Please Choose One of the Following Options

Option A - NEW

REQUEST FOR PAYROLL DEDUCTION	
Semi-Monthly Amount To Be Deducted (per paycheck)	**Start Payroll Deduction** (please select the 10th or 25th of the month)
$	Date: Year:
Designation	
❑ Fund for Gonzaga ❑ Other _____ (Please list the designation name.)	
Duration of Payroll Deduction	
❑ Semi-Monthly (Until stated otherwise)	❑ One Time Gift

Option B - CHANGE

PAYROLL DEDUCTION CHANGE OF STATUS	
Semi-Monthly Amount To Be Deducted	**Start New Payroll Deduction** (please select the 10th or 25th of the month)
Change From: $_____ To: $ _____	Date: Year:
Designation	
❑ Fund for Gonzaga ❑ Other:_____ (Please list the designation name.)	
Duration of Payroll Deduction	
❑ Semi-Monthly (Until stated otherwise)	❑ One Time Gift

Option C - CEASE

❑ Cease Payroll Deduction	Last Date for Deduction:_____ Year:_____ (please select the 10th or 25th of the month)

Employee Signature _____Banner ID_____

(Gifts to Gonzaga University are tax deductible as provided by law. Please consult your tax advisor.)