



California State University, Chico

Charitable Gift Payroll Deduction Authorization Form

Please Print

Last Name First MI

Street Address City ST Zip

Campus Department _____ Phone: _____
Campus Zip Home Campus

Please Check One or More:

- I would like to have the following amount deducted from my paycheck to support California State University, Chico _____ per month (\$10 per month minimum)
- I would like to change my current payroll deduction as follows:
Change deduction amount to: _____ per month
- Change designation(s): Please list the projects and amounts for each below
- Delete Payroll Deduction

Please apply my gift to:

- A college/school/department/program. Please specify area and amount.

- Other
Please Specify _____
- I would like to make an unrestricted gift to support the University's greatest needs. _____

State Employee: I authorize the State Controller to deduct each month from my salaries and wages as specified. This authorization will remain in effect until canceled by me or by California State University, Chico. I certify that I am an employee of California State University, Chico, and I understand that termination of membership will cancel all deductions made under this authorization.

Social Security # _____ Signature _____ Date _____

Research Foundation Employee: I authorize the CSU, Chico Research Foundation to deduct the monthly amount (one half each pay period) as specified. This authorization will remain in effect until canceled by me or by the Research Foundation.

Employee ID # _____ Signature _____ Date _____

Associated Students Employee: I authorize the Associated Students of California State University, Chico to deduct the monthly amount (one half each pay period) as specified. This authorization will remain in effect until canceled by me or by the Associated Students.

Last 4 Digits SSN _____ Signature _____ Date _____