

**PAYROLL DEDUCTION  
AUTHORIZATION FORM**

Name \_\_\_\_\_  
(Please print)

Home Address \_\_\_\_\_

Phone \_\_\_\_\_  Home  Cell

Last four digits of Social Security Number \_\_\_\_\_

Employee ID Number (from payroll stub): \_\_\_\_\_

Department \_\_\_\_\_

Organization: WFUHS \_\_\_\_\_ NCBH \_\_\_\_\_

Pay Frequency: Biweekly \_\_\_\_\_ Monthly \_\_\_\_\_

I pledge \$ \_\_\_\_\_ for the \_\_\_\_\_  
(Name of fund)

Please deduct \$ \_\_\_\_\_ per pay period from my paycheck, beginning \_\_\_\_\_ until the  
pledge is satisfied. (Date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed and signed form to Marion Aspden, Philanthropic Accounting  
Coordinator, Office of Development and Alumni Affairs, WFBMC,  
for processing and forwarding to the Payroll Office.

***Thank you!***