

Employee Payroll Deduction Authorization

Development and Foundation Office



This is to authorize the Human Resource Services Office to make the following payroll deduction from my monthly salary check as a contribution to the MTSU Foundation. I understand that I may discontinue my deduction at any time by written notice.

The contribution on this form is

- a new payroll deduction/contribution.
- an additional contribution to the current contribution.
- a change to the amount or designation of the current contribution.
- a complete cancellation of the current contribution.

Direct my deduction to

| Designated Fund Description | Designated Fund Number | Monthly Deduction Amount | Month/Year Deduction to BEGIN | Continue Deduction Until Notified (Y/N). If N, indicate month/year deduction should END |
|---|------------------------|--------------------------|-------------------------------|---|
| Note: If you have a designation in mind but do not know the description or fund number, please call the Advancement Services Office at 898-5595. | | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No mo/yr. _____ |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No mo/yr. _____ |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No mo/yr. _____ |
| Total per pay period | | | | |

Full legal name _____

Home address _____ City, state, zip _____

Campus department _____ Campus P.O. Box _____ Campus phone _____

Campus e-mail address _____

Signature _____ Date _____

Banner ID (M#) or last 4 digits of SSN: _____

Thank you for your support! Your contribution makes a tremendous impact. Please return this form to the Advancement Services Office, Box 109. If you have any questions, please call 898-5595.

For Office Use Only

Date received _____ Foundation Account No. _____ Campaign code _____

Solicitation code: _____

White copy–Advancement Services Yellow copy–Human Resource Services Pink copy–Payroll Gold copy–Employee