



**Payroll Deduction Authorization Form (for Auxiliary Corporation employees)**

Association    Foundation    Programs for Children    Ag Foundation

Please complete and send original to UNIVERSITY ADVANCEMENT (Keep a copy for your records)

**I. DONOR INFORMATION**

Last name:		First name:		M.I.:
Address:				
City/State/Zip:		Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Office	
		Fax:		
		E-mail:		

**II. EMPLOYMENT INFORMATION**

Job Title:

**III. DONATION INFORMATION**

SELECT DEDUCTION INFORMATION BELOW:

**IV. GIVING TO FRESNO STATE**

School/unit:    X _____	
Account name:    X _____	Account number:    X _____

**V. DEDUCTION INFORMATION**

	Deduction Amount:	Type (Please check ONE Box)	Pay Period: <i>(Office use only)</i>	
			Month	Year
	<input type="checkbox"/> \$1.05/pay period (\$25.20/year) <input type="checkbox"/> \$2.09/pay period (\$50.16/year) <input type="checkbox"/> \$4.17/pay period (\$100.08/year) <input type="checkbox"/> \$10.42/pay period (\$250.08/year) <input type="checkbox"/> \$20.84/pay period (\$500.16/year) <input type="checkbox"/> \$31.25/pay period (\$750.00/year) <input type="checkbox"/> \$41.67/pay period (\$1,000.08/year) <input type="checkbox"/> \$104.17/pay period (\$2,500.08/year)	<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <i>Delete (to delete an existing payroll deduction):</i> <i>Specify: _____</i> <input type="checkbox"/> <i>Change (to change an existing payroll deduction):</i> <i>Specify: _____</i>		

**VI. AUTHORIZATION**

Beginning on the date listed above, I authorize my employer to deduct the amount listed above from each of my payroll checks as a donation to the California State University, Fresno Foundation.

This authorization shall remain in effect until either the termination of my employment or until I provide notice to my employer that I wish to discontinue this payroll deduction.

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