

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