



PAYROLL DEDUCTION AUTHORIZATION

I, _____, authorize the deduction
(print name)

of \$ _____, per pay period from
(figures and wording)

my paycheck starting _____.
(date)

This gift is to be used for _____.
(indicate area to be designated to)

I understand that this deduction will continue until I notify the Advancement Office to stop payments unless I have indicated a maximum amount to give.

If my employment at Viterbo University should cease, for any reason whatsoever, this payroll deduction authorization shall terminate at the same time as does my employment.

Signature of Employee

Date

_____ Check here if this form replaces a current deduction.
_____ Check here if this form is in addition to a current deduction.

Return this form to the Advancement Office