



PAYROLL DEDUCTION AUTHORIZATION - EMPLOYEE GIFTS

Date: _____ Employee Name: _____

Department: _____ Phone Extension: _____

- This payroll deduction is:
- New
 - Change of amount for active deduction
 - Change in fund of active deduction
 - In addition to active deduction
 - Cancellation of active deduction

I authorize the following payroll deductions:

- I am an Exempt Employee
 - Ongoing payroll deduction of \$ _____ per month
 - OR*
 - Monthly deduction of \$ _____; until my total pledge of \$ _____ is fulfilled
- I am a Non-Exempt Employee
 - Ongoing payroll deduction of \$ _____ bi-weekly
 - OR*
 - Bi-weekly deduction of \$ _____; until my total pledge of \$ _____ is fulfilled

Ongoing deductions will renew automatically unless the Business Office Payroll Coordinator is notified of changes, updates, or cancellations.

AMOUNT	DESIGNATION OF DEDUCTION(S)
\$	<input type="checkbox"/> The Wesleyan Fund
\$	<input type="checkbox"/> Other:
\$	<input type="checkbox"/> Other:

Special Instructions:

Signature: _____ Date: _____

Please sign the completed form and return to the Advancement Office, Holmes Hall, Suite 201. If you have further questions regarding giving to IWU, contact the Advancement Office at x3091.