



## Payroll Deduction Authorization

**Name**

(Please Print)    First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Last \_\_\_\_\_

**Department**

**University ID #**

**Pay Periods**

**Phone ext.**

**Email address**

**Payroll deduct options:**

**Option 1: Monthly payroll deduction**

\$ \_\_\_\_\_ per month for \_\_\_\_\_ months for a total contribution of \$ \_\_\_\_\_ . Starting (please enter mo/yr)

Designation 1: \_\_\_\_\_

\$ \_\_\_\_\_ per month for \_\_\_\_\_ months for a total contribution of \$ \_\_\_\_\_ . Starting (please enter mo/yr)

Designation 2: \_\_\_\_\_

**Option 2: One-time gift**

\$ \_\_\_\_\_ to be automatically deducted as a one-time gift in the month of \_\_\_\_\_

Designation: \_\_\_\_\_

**Option 3: More than 12 months**

\$ \_\_\_\_\_ per month for a total contribution of \$ \_\_\_\_\_ beginning \_\_\_\_\_ through \_\_\_\_\_

Designation 1: \_\_\_\_\_

**Option 4: Ongoing – This authorization is in place until further notice**

\$ \_\_\_\_\_ per month for a total annual contribution of \$ \_\_\_\_\_

Designation 1: \_\_\_\_\_

\$ \_\_\_\_\_ per month for a total annual contribution of \$ \_\_\_\_\_

Designation 2: \_\_\_\_\_

This gift is in honor of \_\_\_\_\_ /memory of \_\_\_\_\_

**Authorization**

I hereby authorize the University of Northern Iowa to deduct the amount indicated from my paycheck.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Forms must be received by the 10<sup>th</sup> of each month to be processed the same month.  
Return to the UNI Foundation Financial Services at campus code 0239.**