



PAYROLL DEDUCTION FORM

I would like to support the Staff Assembly Scholarship Fund for Employee’s Dependent Children through my monthly payroll deduction:

Monthly Contribution _____ Effective Date _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Email _____

Every effort will be made to begin the deduction on the date specified, but ultimately will depend on payroll processing time. Deductions requested to start on the next payday must be received by Development Services at least 10 days prior to due date.

Payroll Status: Biweekly Monthly Department Name _____

- This voluntary payroll deduction authorization will remain in effect for 12 consecutive monthly payments.
- Deductions may not be skipped and no retroactive deductions can be taken to compensate for deductions not taken.

I hereby request that this payroll deduction authorization be automatically renewed when my annual renewal gift is due. I understand that I may cancel this authorization at any time by contacting Development Services in writing.

Signature _____

Thank you for your contribution in support of Staff Assembly!