



FACULTY & STAFF
PAYROLL DEDUCTION REQUEST

Note: Payroll deduction forms must be signed and received in Advancement Services by the 15th of the month before you want the deduction to start. Deductions are taken out only ONCE per month, even for bi-weekly employees. Please submit a separate sheet for each pledge/designation if request is for more than one designation.

Name: _____ ID: _____ Extension: _____

Employee Pay Type: [] Bi-Weekly [] Monthly

1. Payroll Request

- Please remove my current Payroll Deduction effective as soon as possible until further notice.
Please replace my current Payroll Deduction with the following information.
Please enroll me in a new/additional Payroll Deduction with the following information.

2. Deduction Information (Fellows giving levels for Heidelberg Fund begin at \$250 per year)

- Please deduct \$_____ per month until further notice beginning ____ / ____ (mm/yy).
Please deduct \$_____ per month for _____ (circle: months / years) beginning ____ / ____ (mm/yy) for a pledge total of \$_____.

3. Gift Designation

- Heidelberg Fund (select specific area)
o Highest priority or need of the university
o Academic programs and library
o Student scholarships and financial aid
o Athletics
Heidelberg DASH Emergency Grant Fund
Other _____
Attach any pledge forms or information from other campaigns if pledging to a specific project or campaign.

4. In Honor/Memory of (Optional)

Name _____ [] Honor (living person) [] Memory (deceased)

5. Signature: _____ Date: _____
Your original signature is required.

Thank you for contributing to Heidelberg University through the Payroll Deduction Program!
Your gift makes a positive impact on our community and the life of our students.
Please print and sign this form and return to the Advancement Services Office, University Hall 210.
Contact Melissa Nye to submit form or with questions at mnye@heidelberg.edu or extension 2030.

Advancement Services Processing:
Entered Date: ___/___/___ by: _____
Start date: _____ End Date: _____
Notes:

Payroll Department Processing:
Entered Date: ___/___/___ by: _____
Notes: