

FACULTY & STAFF PAYROLL DEDUCTION REQUEST

Note: Payroll deduction forms must be signed and received in Advancement Services by <u>the 15th of the month before</u> 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.

Jame: ID:		Extension:		
Employee Pay Type: D Bi-Weekly		□ Monthly		
yroll Request				
Please remove my current Payroll Deduction e	ffective	as soon as possible	e until further notice.	
Please replace my current Payroll Deduction w	vith the f	following informat	ion.	
Please enroll me in a new/additional Payroll D	eduction	n with the followin	g information.	
eduction Information (Fellows giving levels fo	r Heidell	perg Fund begin at §	\$250 per year)	
Please deduct \$ per month un	til furt	her notice begin	ning / (<i>mm/yy</i>).	
Please deduct \$ per month for	•	(circle: montl	ns / years)	
beginning /(<i>mm/yy</i>) for a ple	edge tota	l of \$	·	
ft Designation				
Heidelberg Fund (select specific area)				
\circ Highest priority or need of the universit	ty	0	Academic programs and library	
• Student scholarships and financial aid		0	Athletics	
Heidelberg DASH Emergency Grant Fund				
Other	campaia	ns if pledaina to a si	pecific project or campaian	
	cumputy	ns y preuging to u s	seegle project of campuign.	
Name		──── ○ Honor (liv	ing person) O Memory (deceased)	
gnature: Your original signature is requir	ed.	Date: _		
Your gift makes a positive impact of case print and sign this form and return to	on our c • the Ad	ommunity and the Ivancement Ser	e life of our students. vices Office, University Hall 210	
_		Payroll Department Processing:		
		Entered Date:/ by:		
		Notes:		
	Employee Pay Type: Bi-Weekly yroll Request Please remove my current Payroll Deduction of Please replace my current Payroll Deduction of Please enroll me in a new/additional Payroll Deduction eduction Information (Fellows giving levels for Please deduct \$ per month on beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for beginning / (mm/yy) for a please deduct \$ per month for other (mm/yy) for a please deduct \$ per month for provide the universite \$ (mm/yy) for a please deduct \$ per month for provide the universite \$ per month for please deduct \$ per month for plea	Employee Pay Type: Bi-Weekly specific area Please remove my current Payroll Deduction effective Please replace my current Payroll Deduction with the ference Please replace my current Payroll Deduction with the ference Please enroll me in a new/additional Payroll Deduction eduction Information (Fellows giving levels for Heidell Please deduct \$ per month until furt Please deduct \$ per month for beginning/ (mm/yy) for a pledge tota ft Designation Heidelberg Fund (select specific area) • Highest priority or need of the university • Student scholarships and financial aid Heidelberg DASH Emergency Grant Fund Other	Employee Pay Type: Bi-Weekly Monthly yroll Request Please remove my current Payroll Deduction effective as soon as possible Please replace my current Payroll Deduction with the following informate Please enroll me in a new/additional Payroll Deduction with the following eduction Information (<i>Fellows giving levels for Heidelberg Pund begin at \$</i> Please deduct \$ per month <i>until further notice</i> begin Please deduct \$ per month for (circle: month beginning / (mm/yy) for a pledge total of \$ ft Designation Heidelberg Fund (<i>select specific area</i>) • Highest priority or need of the university • Student scholarships and financial aid • Student scholarships and financial aid • Student scholarships and financial aid • Honor/Memory of (Optional) Name • Honor (live gnature: Your original signature is required. Thank you for contributing to Heidelberg University through the P Your gift makes a positive impact on our community and the pase print and sign this form and return to the Advancement Ser Contact Melissa Nye to submit form or with questions at muye(aheid at a gradient is required. Payroll Department for a please impact on our community and the pase print and sign this form and return to the Advancement Ser Contact Melissa Nye to submit form or with questions at muye(aheid at a gradient is required. Payroll Department Services Processing: by: by:	