

FOUNDATION

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

SIUE FOUNDATION PAYROLL DEDUCTION GIFT AUTHORIZATION FORM

In order to initiate/authorize your payroll deduction, please fill out the form below. Please complete the form and print, then sign, and date the hard copy.

For processing, mail the completed document to:

SIUE Foundation
Attention Pat Mesnard
Campus Box 1082
Edwardsville, IL 62026-1082

If you have any questions, please contact Pat Mesnard at ext. 2973 or via email at pmesnar@siue.edu.

Effective Pay Period: _____ **Total Amount Per Pay Period: \$** _____

Yes, I want to make an ongoing payroll deduction.

OR

I want to make a payroll deduction for _____ (number of pay periods).

Employee's Name (Last, First, Middle): _____

Street: _____

City: _____ State: _____

Zip Code: _____ Banner ID Number: _____

Fund Designation #: _____ Amount Per Pay Period \$ _____

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I hereby authorize Southern Illinois University Edwardsville as an agent of the state of Illinois to deduct from my earnings and to deposit with the SIUE Foundation each pay period continuous until revoked the amount indicated above (the amount cannot be less than \$5.00 per month per fund). I reserve the right to revoke this authorization at will by submitting a written revocation card to the Southern Illinois University Edwardsville Foundation. This gift will be assigned in accordance with my directions to the SIUE Foundation.

Signature: _____ **Date:** _____

The SIUE Foundation is a 501 (c)(3) organization. Contributions are tax deductible to the extent allowable by law.