



PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: _____

Employee ID: _____

Email Address: _____

Office Telephone: _____

DEDUCTION INFORMATION

- New Deduction
Start Date of Deduction: _____
End Date of Deduction: _____
- Change to Existing Deduction
- Additional Deduction
- Deduction Cancellation

GIFT INFORMATION

Amount Deducted Each Pay Period: \$ _____

Number of Deductions to Make: _____

Total Amount of Gift Deducted: \$ _____

Designation: Annual Fund
 Other: _____

EMINENT ASSOCIATES RECOGNITION PROGRAM

- Tuskegee University appreciates all gifts given to the university to benefit our students and seeks to recognize donors giving \$1,000 or more in our Eminent Associates Recognition Program. Please select this box if you'd like additional information regarding becoming an Eminent Associate.

AGREEMENT STATEMENT

I hereby authorize Tuskegee University to initiate a payroll deduction, terminate payroll deduction, or change a payroll deduction based on the information provided above.

I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination. I will not hold Tuskegee University liable for any deductions made.

I further understand that if I am changing a payroll deduction, the change might not take effect during the current payroll cycle due to the time needed to process the termination. I will not hold Tuskegee University liable for any deductions made.

Employee Signature

Date

Office Use Only: GL Account to Credit: _____ Department: _____ Administrative Office: _____