

UCSD PAYROLL DEDUCTION AUTHORIZATION FORM

For faculty/staff members of the University of California, San Diego

*Please complete and return this form to:
UCSD, Gift Processing Department, Mail Code 0940
For more information call Sandra Stewart at x44493*

EMPLOYEE:

Name _____ Employee ID# _____
Please print – Last, First, Middle

Address _____ Telephone _____
Street or Campus Mail Code

_____ E-mail _____
City, State, Zip

My monthly payroll deduction and tax-deductible contribution will be:

___ \$5 (\$60 total annual contribution)

___ \$10 (\$120 total annual contribution)

___ \$25 (\$300 total annual contribution)

___ \$100 (\$1,200 total annual contribution)

\$ _____ Monthly Deduction Amount

I authorize the UCSD Accounting Office/Payroll Division to deduct the above noted amount from my monthly earnings and credit it to UC San Diego Foundation Fund # _____

My deduction should begin effective with the month/year _____, and continue until I terminate it.

or

Begin date: _____ End Date: _____

Signature _____ Date _____

For Payroll/Accounting Use Only:

Loc	Emp#	Annual Amt	<u>Deduction</u> Amt. Code	<u>Period</u> Start Date	End Date

This authorization can be adjusted or canceled anytime upon your request.

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