



OHIO UNIVERSITY

The Ohio University Foundation Payroll Deduction Authorization Form For Faculty and Staff Giving

Please Print Below

Name (Last, First, Middle): \_\_\_\_\_

Employee I.D. #: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Campus Email: \_\_\_\_\_

I am a University (please check one): \_\_\_Administrator \_\_\_Faculty Member \_\_\_Classified Staff Member
I am a graduate of Ohio University \_\_\_Yes \_\_\_No

I hereby authorize and request the Ohio University Payroll Office to deduct the amount(s) designated below from my paycheck each pay period, and to remit the withheld amount(s) to The Ohio University Foundation.

Table with columns: Sample Pledges and Deductions, Ohio University Giving Societies. Includes rows for annual contributions and corresponding deductions per pay period.

Table with columns: Amount per Pay Period, Total Expected Gift Amount, Gift Designation (College/Dept/Unit/Program). Includes rows for dollar amounts and designations.

Payroll Type: \_\_\_Monthly \_\_\_Bi-Weekly \_\_\_One Time Gift \_\_\_Deduct until further notice

This pledge is: \_\_\_A new payroll deduction pledge \_\_\_An additional payroll deduction pledge
\_\_\_A change in an existing pledge

This authorization will continue in effect until termination of my employment with Ohio University or until I submit written notice of cancellation with the payroll office. Change or cancellation of this authorization must be made in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This gift is made in honor of: \_\_\_\_\_

Please return form to: The Ohio University Foundation
218 HDL Center
P.O. Box 869
Athens, Ohio 45701

Foundation Office: 740-593-1882
Fax: 740-593-1883