

FACULTY/STAFF PAYROLL DEDUCTION AUTHORIZATION FORM

FACULTY/STAFF INFORMATION:

_____ Social Security Number _____ Last Name _____ First Name _____ M.I.
 () _____ Phone Number _____ Department

AUTHORIZED PAYROLL DEDUCTION AMOUNT:

- Begin a payroll deduction in the amount of.....\$ _____ per/month
- Change my existing payroll deduction from current amount to.....\$ _____ per/month
- Cancel my current payroll deduction. I no longer authorize funds to be deducted from my salaries and wages

AUTHORIZED DISBURSEMENT OF PAYROLL DEDUCTION:

- | | |
|--|--|
| <input type="checkbox"/> Athletics Department | <input type="checkbox"/> College of Health and Human Development |
| <input type="checkbox"/> College of Arts, Media and Communications | <input type="checkbox"/> College of Humanities |
| <input type="checkbox"/> College of Business and Economics | <input type="checkbox"/> College of Science and Mathematics |
| <input type="checkbox"/> College of Education | <input type="checkbox"/> College of Social and Behavioral Sciences |
| <input type="checkbox"/> College of Engineering and Computer Science | <input type="checkbox"/> Oviatt Library |
| <input type="checkbox"/> College of Extended Learning | <input type="checkbox"/> KCSN |
| | <input type="checkbox"/> Division of Student Affairs |

Or

- I wish to designate my gift to a specific department, program, or purpose (i.e. Technology, EOP, Student Scholarships, History, etc.) as noted: _____

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified above. I understand that this authorized payroll deduction will remain in effect until I submit a new form approving a change or cancellation.

_____ Faculty/Staff signature (ink only) _____ Date

CSUN Director of Development (DOD) Officer Use Only

Account Name: _____ **GL Account Number:** _____

Benefactor #: _____ **Benefactor Purpose Code:** _____

DOD Signature _____ **Date:** _____

Please return this form to Foundation – Mail Drop 8296