

**Faculty/Staff Authorization
Auxiliary Employee**

Faculty/Staff Information:

Associated Students The University Corporation University Student Union

Last Name _____ First Name _____ Middle Initial _____

Employee ID _____ Department _____ Extension _____

Authorized Payroll Deduction: (Minimum deduction of \$5 per pay period)

- Begin a payroll deduction in the amount of: _____ Per pay period
- Change my existing payroll deduction from current amount to: _____ Per pay period
- Cancel my current payroll deduction. I no longer authorize funds to be deducted from my salaries and wages.

Please designate my gift to:

- | | |
|---|--|
| <input type="checkbox"/> President's 21st Century Fund | <input type="checkbox"/> College of Science and Mathematics |
| <input type="checkbox"/> Student Scholarships | <input type="checkbox"/> College of Social and Behavioral Sciences |
| <input type="checkbox"/> Mike Curb College of Arts, Media and Communication | <input type="checkbox"/> Alumni Association |
| <input type="checkbox"/> Associated Students | <input type="checkbox"/> Matador Athletics |
| <input type="checkbox"/> David Nazarian College of Business and Economics | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Michael D. Eisner College of Education | <input type="checkbox"/> Delmar T. Oviatt Library |
| <input type="checkbox"/> College of Engineering and Computer Science | <input type="checkbox"/> Division of Student Affairs |
| <input type="checkbox"/> College of Health and Human Development | <input type="checkbox"/> University Student Union |
| <input type="checkbox"/> College of Humanities | <input type="checkbox"/> Valley Performing Arts Center |

Or

I wish to designate my payroll deduction to a specific department, program, center, or purpose (i.e. EOP, History Department, Biology Department Scholarship) as noted:

I hereby authorize my employer 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

Please return this form to your auxiliary's Human Resource Department.

For CSUN Foundation Use

Received on: _____ Processed By _____

Raiser's Edge ID _____ PeopleSoft ID _____ California SCO _____