

**Faculty/Staff Authorization
University Employee**

Faculty/Staff Information:

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Department _____ Extension _____

Authorized Payroll Deduction:

- 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"/> 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"/> David Nazarian College of Business and Economics | <input type="checkbox"/> Matador Athletics |
| <input type="checkbox"/> Michael D. Eisner College of Education | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> College of Engineering and Computer Science | <input type="checkbox"/> Delmar T. Oviatt Library |
| <input type="checkbox"/> College of Health and Human Development | <input type="checkbox"/> Division of Student Affairs |
| <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 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

Please return this form to Foundation - Mail Drop 8296

For CSUN Foundation Use

Received on: _____ Processed By _____

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