

**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"/> University 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"/> The Soraya                                |

**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 \_\_\_\_\_