

**Nebraska Wesleyan University
PAYROLL DEDUCTION
AUTHORIZATION FORM**

Name _____ Faculty _____ Staff _____

Department _____

Email _____@nebrwesleyan.edu Phone Extension _____

Payroll cycle: Monthly (25th) _____ Bi-Monthly (10th & 25th) _____
 9-month _____ 10-month _____ 11-month _____ 12-month _____

Gift Designation

- Archway Fund/Unrestricted (supports University's greatest needs) Archway Fund/Restricted Existing Fund (e.g. MOSAIC, athletics, etc.)
 Restriction: _____

Gift/Pledge Information

- This is a change to an existing pledge. The existing pledge will be cancelled and a new pledge will be created. This is a new pledge.

<p><input type="checkbox"/> Option 1: Fixed Pledge</p> <p>Total Pledge \$ _____</p> <p>Amount to be deducted per pay period: \$ _____</p> <p>Start date: _____ End date: _____</p> <p><i>Fixed pledges only last for a specific amount of time or for a specific dollar amount (e.g. one year or \$100). If you want to change/update your pledge amount or timeframe, you must fill out and submit a new form.</i></p>	<p><input type="checkbox"/> Option 2: Open-ended Pledge</p> <p>Amount to be deducted per pay period: \$ _____</p> <p>Start date: _____</p> <p><i>Open-ended pledges indicate that you want a specific amount deducted from your paycheck indefinitely until you notify us otherwise.</i></p>
<p><input type="checkbox"/> Option 3: One-time Deduction</p> <p>Amount to be deducted: \$ _____</p> <p>Date of deduction: _____</p>	

I authorize Nebraska Wesleyan University to make these deductions from my paycheck:

Signature: _____ Date: _____

Note: Those who wish to make a restricted contribution to the University are reminded that IRS regulations prohibit the allocation of gifts to University accounts that are controlled by the donor. Specifically, if an individual is either the administrator or has been given signing authority for a particular account, that individual's contribution made either in the form of a check, credit card, cash or payroll deduction, cannot be directed to any account from which they authorize expenditures.

For UA/Business Office

PL # _____ RD # _____

Designation # _____ Campaign Code _____

GL Account # _____

Closed PL#/RD# _____