

## Nebraska Wesleyan University PAYROLL DEDUCTION AUTHORIZATION FORM

Name		U Faculty U Staff
Email	@nebrwesleyan.	.edu Phone extension
Payroll Cycle:		
o Monthly (25 <sup>th</sup> ) o Bi-M	1onthly (10 <sup>th</sup> & 25 <sup>th</sup> )	9-month □ 10-month □ 11-month □ 12-month
Gift Designation:		
□ Archway Fund (suppor	ts annual university needs	) Dother Fund
Pledge Information:		
□ This is a change to an e created	existing pledge. The existin	g pledge will be cancelled and a new pledge will be
□ This is a new pledge		
<b>OPTION #1: Sustaining pledge</b> – open-ended pledge indicating that you want a gift deducted from your paycheck indefinitely. To update your pledge, fill out a new form or contact the Business Office.		OPTION #2: Fixed pledge – pledge over a set timeframe (e.g. one year). If you want to change/update your gift amount or timeframe, you must fill out a new form.
Amount to be deducted <i>per pay period:</i> \$		Amount to be deducted per pay period: \$
Start Date:		Start Date: End Date:
OPTION #3: One-time dec	duction – a single gift deduct	ed from your paycheck.
Amount to be deducted: \$	\$ Date of Deduct	ion
I authorize Nebraska We	sleyan University to make	these deductions from my paycheck.
Signature:	gnature: Date:	
allocation of gifts to University administrator or had been giv	y accounts that are controlled b ren signing authority for a partic	ity are reminded that the IRS regulations prohibit the by the donor. Specifically, if and individual is either the cular account, that individual's contribution made either in to any account from which they authorize expenditures.
	· ·	siness Office
		RD#
Designation # Campaign Code GL Account #		
		<del></del>
Closed PL#/RD#		