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## PAYROLL DEDUCTION AUTHORIZATION

I, \_\_\_\_\_, authorize the deduction  
(print name)

of \$ \_\_\_\_\_, per pay period from  
(figures and wording)

my paycheck starting \_\_\_\_\_.  
(date)

This gift is to be used for \_\_\_\_\_.  
(indicate area to be designated to)

**I understand that this deduction will continue until I notify the Advancement Office to stop payments unless I have indicated a maximum amount to give.**

If my employment at Viterbo University should cease, for any reason whatsoever, this payroll deduction authorization shall terminate at the same time as does my employment.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_ Check here if this form replaces a current deduction.

\_\_\_\_\_ Check here if this form is in addition to a current deduction.

**Return this form to the Advancement Office**