

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

This form is for use by ISU employees and should only be used for gifts to ISU programs supported through the ISU Foundation. If you have questions, please call (208) 282-3470.

This form will be processed upon receipt and may take up to two (2) pay periods to process. This authorization will remain in effect until the pledge is fulfilled, cancelled in writing, or upon termination of employment with Idaho State University. All changes must be made in writing.

DONOR INFORMATION				
Name:			Bengal ID:	
Spouse:				
Department:				
Address:	City:	Sta	te:	Zip:
Work				
Address:	City:	Sta	te:	Zip:
Work Phone:	Email: _			
I am an ISU alumnus/a:	Graduation Year:			
GIFT INFORMATION				
☐ New Payroll Deduction ☐ Re Designation	place Existing Payroll C	Deduction In Deduction Per Pay Period	Addition to My # of Pay Periods	r Existing Deduction Total
		<u> </u>	Total Gift:	
Additional Comments: (note if gift should co	ntinue in perpetuity until cancel	led in writing)		
AUTHORIZATION				
I hereby request and authorize the Idah my paycheck each pay period, and to re		• •		•
Signature	Date			
ISU FOUNDATION USE				
RE #:	Date	Received:		
Pledge Transaction #:	Date Submitted to Payroll Office:			