



Payroll Deduction Form for NC State Employees

Full Name: _____

Advance ID: _____

Job Title: _____

Department: _____

Campus Address: _____

Home Address: _____

Campus Phone: _____

Home Phone: _____

Pay Period: Bi-weekly _____ Monthly _____

For office use only ID# _____

I wish to make the following monthly contribution to NC State.

\$500 ___ \$250 ___ \$100 ___ \$50 ___ \$10 ___ Other \$ ___ (must be greater than \$10 per fund per month)

Check one:

I would like my deduction to be ongoing until further written notice.

I would like my deduction to stop at the end of this fiscal year. The last deduction for the fiscal year is May.

I authorize the University Payroll Office to deduct the amount indicated from my pay each pay period. I understand that I may cancel the authorization by written notice to the University Payroll Office. Note: changes received after the 10th of the month will be effective in the next month. If you would like to adjust the amount of your deduction, please call 515-0562.

Signature _____

Date _____

My contribution will support the NC State Office of Annual Giving unless I designate otherwise. I would like to designate my contribution of \$10 or more per fund per month as follows:

		Org. Code	Account
_____	Office of Annual Giving	_____	_____
_____	General Fund for _____ <i>(School or College of your choice)</i>	_____	_____
_____	Alumni Association Campaign for Excellence	_____	_____
_____	Arts NC State	_____	_____
_____	NCSU Libraries	_____	_____
<u> X </u>	Other <u> Women's Center </u>	<u> 140133 </u>	<u> 679653 </u>

Please call the NC State Office of Annual Giving at 515-0562 if you have any questions or to get a complete list of designation opportunities.

Please return this form to:
NC State Office of Annual Giving
Campus Box 7511