PAYROLL DEDUCTION AUTHORIZATION
DEDUCTION/ORG CODE 089/030

LAST NAME, FIRST, M.I :

SOCIAL SECURITY NO. :

MONTHLY DEDUCTION AMOUNT:

I WISH TO DESIGNATE MY CONTRIBUTION TO THE FOLLOWING DEPARTMENTS/PROGRAMS/ FUNDS:

AMOUNT FUND

AMOUNT FUND

AMOUNT FUND

I HEREBY AUTHORIZE THE STATE CONTROLLER TO DEDUCT FROM MY SALARIES AND WAGES THE AMOUNT SPECIFIED NOW OR IN THE FUTURE FOR CHARITABLE GIFTS TO HUMBOLDT STATE UNIVERSITY.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELLED BY ME OR BY THE ABOVE NAMED
ORGANIZATION.

I CERTIFY I AM A MEMBER OF THE ABOVE NAMED ORGANIZATION AND UNDERSTAND THAT TERMINATION OF MEMBERSHIP WILL CANCEL ALL DEDUCTIONS MADE UNDER THIS AUTHORIZATION.

SIGNED: DATE:

If you have questions please contact HSU Office of University Advancement x5101. Once the form is signed, please send it by campus mail to University Advancement.