



## PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name (Last, First)

Social Security Number

YES! I want to help Mansfield students through a pledge to the Mansfield University Foundation. I hereby authorize Mansfield University to take deductions from my bi-weekly pay:

I am currently on payroll deduction. I want to change my deduction to the following:

1. Unrestricted, where the organization has greatest need ..... \$ \_\_\_\_\_

2. Fund of my choice, already established. Examples include: names scholarships, academic departments, athletic team, etc.

\_\_\_\_\_ \$ \_\_\_\_\_  
Name of Fund

\_\_\_\_\_ \$ \_\_\_\_\_  
Name of Fund

\_\_\_\_\_ \$ \_\_\_\_\_  
Name of Fund

3. Endowments

Student Scholarships Endowment ..... \$ \_\_\_\_\_

Faculty Development Endowment ..... \$ \_\_\_\_\_

Student Life Enrichment Endowment ..... \$ \_\_\_\_\_

Leadership Endowment ..... \$ \_\_\_\_\_

General Endowment ..... \$ \_\_\_\_\_

TOTAL Bi-Weekly Deductions \$ \_\_\_\_\_

Please begin my deduction on \_\_\_\_\_  
Date

I would like more information on establishing a named endowment.

I want to stop my payroll deduction(s) on \_\_\_\_\_  
Date

Employee Signature

Date

PAYROLL USE ONLY

Effective with Pay Date of: \_\_\_\_\_

Payroll Office  
Mansfield University  
Mansfield, PA 16933