

## Payroll Deduction Authorization Form

YES, I would like to support *Midwestern State University*. (\$2 monthly minimum)

with an **ongoing monthly** gift of: \$\_\_\_\_\_ until I notify the Annual Fund to change or terminate this deduction.

Begin deductions with my check received on:

\_\_\_\_\_ Month \_\_\_\_\_ Year

I would like my gift to support:

( You may choose for your gift to go to a specific program or department by choosing "other" and listing it)

- |  |   |
|--|---|
| <input type="checkbox"/> University's Greatest Need                          | <input type="checkbox"/> West College of Education        |
| <input type="checkbox"/> Scholarships  | <input type="checkbox"/> McAda Graduate School            |
| <input type="checkbox"/> Dillard College of Business Admin                   | <input type="checkbox"/> Moffett Library                  |
| <input type="checkbox"/> Fain College of Fine Arts                           | <input type="checkbox"/> WF Museum of Art at MSU          |
| <input type="checkbox"/> Gunn College of Health Sci & Human Svcs.            | <input type="checkbox"/> Athletics/Mustangs Athletic Club |
| <input type="checkbox"/> PY College of Humanities & Soc Sci.                 | <input type="checkbox"/> Parent Fund                      |
| <input type="checkbox"/> McCoy College of Science, Mathematics & Engineering |   |

Other \_\_\_\_\_

By completing this form, you authorize Midwestern State University to deduct your gift payments from your payroll check. Simply complete this authorization form and return to the address listed above.

*Please Print:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
M#

\_\_\_\_\_  
Department

\_\_\_\_\_  
Campus Phone Number

### Payroll Deduction Statement of Authorization *(will be kept on file at Midwestern State University)*

I authorize the Midwestern State University Payroll Department to deduct the amount indicated from my monthly salary to be paid to the MSU Annual Fund. This authorization shall remain in effect until I notify, in writing, the Annual Fund office that I wish to discontinue the regularly scheduled transfer of funds. Cancellation will take affect within one month of the request date.

A record of each charge will be included on my regular payroll stub. **Save that receipt for tax documentation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name(s) as you would like it to appear in our Donor Listing *(please print)* \_\_\_\_\_

I wish to remain anonymous.

**Please keep a copy of this form for your records. RETURN COMPLETED FORM TO THE ANNUAL FUND OFFICE (Hardin, Rm 201).**