

## Graduate School Payroll Deduction Form

### EMPLOYEE INFORMATION

Name (Last, First, M.I.) \_\_\_\_\_  
(Please Print Name)

Employee ID# \_\_\_\_\_ Title \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Cell \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_

Home Email \_\_\_\_\_

Business Email \_\_\_\_\_

### GIFT FUND DESIGNATION

- Graduate School Annual Fund
- Graduate Student Scholarship Support
- President's Council – Graduate School (Minimum \$84/month)

### GIFT AMOUNT *(check one box, gift is 100% tax-deductible)*

- \$25/month
- \$35/month
- \$50/month
- \$84/month (President's Council)
- Other Monthly Amount \_\_\_\_\_  
(\$25/month minimum donation)

*Payroll deductions are allowed for full-time employees. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deductions.*

### AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the Office of Institutional Advancement and Payroll Services at The University of Texas Health Science Center at San Antonio to initiate the monthly payroll gift deduction as indicated above.

I understand I may revoke this authorization at any time by giving both offices written notice.

I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me \_\_\_\_\_, or my employment with the UT Health Science Center terminates.  
Print Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please email your form to Gift Processing at: [GiftProcessing@uthscsa.edu](mailto:GiftProcessing@uthscsa.edu) or mail it to the address listed below.

***Thank you for making lives better!***