

**Payroll Deduction Authorization Form – School of Medicine**

**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**

- School of Medicine Annual Fund
- Student Education Enhancement Fund
- President’s Council – School of Medicine (Minimum \$1,000/\$84/month)
- Student Scholarships

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

- \$300 (\$25/month)
- \$500 (\$42/month)
- \$1,000 (\$84/month)
- \$2,500 (\$209/month)

*(The \$300 annual donation is the minimum requirement for the monthly payroll option.)*

*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. (Please 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!***