

Payroll Deduction Authorization 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

- School of Nursing Annual Fund
 President's Council – School of Nursing (Minimum \$1,000/\$84/month)
 Nursing 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.
Print Name

Signature _____ Date _____

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

Thank you for making lives better!