

## 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

President's Excellence Fund (*\$84/month to this fund qualifies for President's Council Membership*)

Dentistry    Graduate    Health Professions    Medical    Nursing

Barshop Institute    CMHE    CTRC    Greehey CCRI    Laredo    RAHC

Other Fund: \_\_\_\_\_

### MONTHLY GIFT AMOUNT *(Gift is 100% tax-deductible)*

\$25    \$35    \$50    \$100    \$200

Other monthly amount: \_\_\_\_\_

*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!***