WE MAKE LIVES BETTER
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

Employee Payroll Deduction Authorization Form

Last Name _____ First Name _____ M.I. _____

Preferred Mailing Address _____

HSC Employee ID # _____ HSC Telephone Number _____

HSC Email _____ HSC Fax Number _____

Please designate my contribution to the following school and purpose:	**I wish to request the following payroll deduction(s):**
❑ CTRC ❑ Dental School ❑ Graduate School of Biomedical Sciences ❑ School of Health Professions ❑ School of Medicine ❑ School of Nursing Fund or Purpose ***(required):*** _____ _____	❑ Monthly Deduction of $_____ ❑ One Time Deduction of $_____ Beginning pay period _____ Ending pay period _____ Total Contribution $ _____

Special Instructions (if any): _____

_____

I authorize the Offices of Institutional Advancement and Payroll Services at The University of Texas Health Science Center at San Antonio to initiate the deduction(s) indicated above. I understand I may revoke this authorization at any time by giving both offices written notice.

_____ _____

Employee Signature Date

THIS DOCUMENT IS FOR OFFICIAL USE ONLY

Please return this form to the UT Health Science Center at San Antonio, Office of Institutional Advancement, MC 7835, Attention: Gift Processing, San Antonio, Texas, 78229-3900