



Payroll Deduction Authorization

I hereby authorize the California State University Controller to withhold \$ _____ monthly from my university salary beginning with my paycheck for the _____ (Mo/Yr) pay period.

This above contribution is to be used by California State University, San Bernardino for:

(Department/Program/Scholarship)

(Account # / Fund #)

(Please check one)

- This is a new deduction
- This is a Faculty/Staff Campaign pledge
- This is an increase/decrease in current deduction
- This is a delation of current deduction
- This is a change in current designation
- This monthly payment will end on _____ (Mo/Yr)

(Please Print Full Name)

(Signature)

(Social Security Number)

(Date)

(Campus Location)

(Phone)

(Please check all that apply)

_____ Full-time _____ 10 month employee

_____ Part-time _____ 12 month employee

Please note: Payroll deductions are automatically renewed each July 1. Please contact the Advancement Services Office any time you would like to change your deduction amount, designation, or end date. Should you have any questions regarding your deduction, please contact the Advancement Services Office at ext. 75006