

Please complete form and return to the Office of Annual Giving (CH 114).

Employee Information

Last Name _____ First Name _____ MI _____

Coyote ID # _____

Department _____ Extension _____

Payroll Deduction *(Please select one)*

- ☐ I would like to have \$ _____ dollars deducted from my paycheck effective _____ to support CSUSB.
(*\$5 minimum per pay period*) (Month/Year)
- ☐ I would like to change my current deduction amount to \$ _____ per month.
- ☐ I would like to change my area of support.
- ☐ I would like to cancel payroll deduction.

Payroll deductions are automatically renewed on July 1st. Please contact the Advancement Services Office at ext. 75006 should you have any questions regarding your deduction.

Areas of Support

1. _____ \$ _____
Department/Program/Scholarship
2. _____ \$ _____
Department/Program/Scholarship
3. _____ \$ _____
Department/Program/Scholarship

Payroll Deduction Authorization

State Employee I authorize the State Controller to deduct each month from my salaries and wages as specified above. This authorization will remain in effect until I cancel.

Employee Signature

Date