



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

Employee Information

Last Name _____ First Name _____ MI _____

Coyote One ID # _____

Department _____ Extension _____

Payroll Deduction *(Please select one)*

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

Payroll deductions are automatically renewed on July 1st. Please contact UEC Payroll at ext. 7-7225 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 *(Please select one)*

- ASI Employee** I authorize UEC payroll to deduct each pay period from my salaries and wages as specified above. This authorization will remain in effect until I cancel.
- SMSU Employee** I authorize UEC payroll to deduct each pay period from my salaries and wages as specified above. This authorization will remain in effect until I cancel.
- UEC Employee** I authorize UEC payroll to deduct each pay period from my salaries and wages as specified above. This authorization will remain in effect until I cancel.

Employee Signature

Date