



PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize the California State Controller to continue withhold the following amount from my university salary. Please deduct \$ _____ **each month** beginning with my paycheck for the _____ (example: March 2002) pay period.

The above contribution is to be used by California State University, San Bernardino for:
_____ **(Fund Name)**.

1) Please check one:

- This is a** ___ new deduction
 ___ increase/decrease in current deduction
 ___ deletion of current deduction
 ___ change in current deduction

2) Please check one:

- ___ I understand that this monthly payment will continue until I notify University Advancement Services to stop this deduction.
 ___ Please discontinue this deduction effective with my _____ (Month, Year; e.g. June 2002) paycheck.

I understand that if I leave University employment, or if some other unforeseen event alters my financial ability to make this deduction, my written notification to University Advancement Services will release me from further commitment beyond what I have paid.

(Please print full name)

(Signature)

(Social Security Number)

(Date)

(Campus Location)

(Phone)

To Join...	Your minimum* monthly deduction is:	For an annual contribution of:
Friends of Cal State (\$50 to \$99)	\$ 4.17	\$ 50.04
Century Club (\$100 to \$249)	8.34	100.08
University Associates (\$250 to \$499)	20.84	250.08
University Benefactors (\$500 to \$999)	41.67	500.04
President's Circle (\$1,000 and over)	83.34	1,000.08

*Payroll deduction minimum is \$4 per month.

Return form to University Advancement Services, AD-104.