

# MWSU Faculty and Staff Payroll Deduction Authorization Form

Please complete and return form to MWSU Foundation, Spratt Hall 111.

Name \_\_\_\_\_ G# \_\_\_\_\_

Department \_\_\_\_\_ Campus Phone \_\_\_\_\_

Amount Pledged: \$ \_\_\_\_\_

My Gift is designated as an:

## Annual Fund Gift

Unrestricted

Restricted to the \_\_\_\_\_ Fund

## Athletic Gift

My Athletic Gold Coat Membership.

## Capital Campaign Gift

Unrestricted to the campaign goals

Restricted to the \_\_\_\_\_ Fund

I, \_\_\_\_\_, authorize the Payroll Department of Missouri Western State University to deduct:

- A one time payment of \$ \_\_\_\_\_ from my next paycheck.
- Equal Pay Period Payments for \_\_\_\_\_ months  
*(Athletic Gifts must be completed within the Fiscal Year benefits are received: June to July)*
- Specified Payments of \$ \_\_\_\_\_ for \_\_\_\_\_ months  
*(Athletic Gifts must be completed within the Fiscal Year benefits are received: June to July)*

I am a: *(Please choose one)*

- 10-month employee
- 12-month employee

My pay periods are: *(Please choose one)*

- Monthly Payroll
- Bi-weekly

Signature \_\_\_\_\_ Date \_\_\_\_\_