



NWACC
FOUNDATION

Employee Payroll Deduction Gift Authorization

Payroll Deduction Request

Yes! I want to contribute each pay period through the Payroll Deduction Program.

STEP 1: Please check <u>one</u> of the following:	STEP 2: Please check <u>one</u> of the following:
<u>Deduction Per Pay Period</u> <input type="checkbox"/> \$1.00* <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> \$20.00 <input type="checkbox"/> \$25.00 <input type="checkbox"/> \$50.00 <input type="checkbox"/> \$100.00 <input type="checkbox"/> Other: \$_____	<u>Frequency of Deduction</u> <input type="checkbox"/> Per pay period until _____ (date) OR until my deduction reaches a total amount of \$_____ <input type="checkbox"/> One-time gift (1 payroll deduction for full gift amount) <input type="checkbox"/> On-going (Until I request in writing for this to deduction to be discontinued)

**There is a minimum of \$1.00 per pay period to participate in the NWACC payroll deduction program.*

Name (Last, MI, First): _____

Employee ID#: _____

Home Phone: _____

Home Address: _____

My gift is to be used for the following purpose:

- Unrestricted (to be used wherever the need is greatest)
- General Scholarship Fund
- Other (please specify): _____

A change in gift deduction amount or recipient requires completion of this section.

Is this an addition to, or decrease in, a payroll deduction already in effect? Yes No

Current bi-weekly donation level: \$_____ I wish to change to (bi-weekly) \$_____

I wish to keep my donation at the current level but change the recipient: Yes No

New recipient fund/dept/purpose: _____

I hereby authorize and request NWACC to deduct the above selected amount from my paycheck each pay period until the specified time. If I have selected for my deduction to be *ongoing*, I understand it will continue until such time that I request in writing for it to be discontinued.

Signature: _____ Date: _____

*Please allow two weeks for processing prior to the next payroll deduction.
These take place on the 15th and on the last day of the month.*

PLEASE RETURN COMPLETED FORM TO NWACC FOUNDATION OFFICE

HR/Payroll Use ONLY

HR

Payroll

<i>Banner Start Date:</i> _____		
<i>Banner Stop Date:</i> _____		