UC Riverside Foundation
Payroll Deduction Authorization

NAME:_____ EMPLOYEE ID#:_____

DEPARTMENT:_____

I want to support our campus through the UC Riverside Foundation. I understand my Payroll Deduction will remain in effect until employment termination or the pledge is paid in full or cancelled by me in writing. My monthly contribution is:

$_____ Ongoing payroll deduction.

$_____ Monthly payroll deduction until my pledge of $_____ is fulfilled.

_____ Use this undesignated gift 'where need is greatest'

_____ I designate this gift to __UCR Food Pantry Fund (R'Pantry)_____
                                                            (Fund, department or program of your choice)

_____ I wish to cancel my payroll deduction to the UC Riverside Foundation.

If you currently have a payroll deduction, please check one:

_____ This form replaces current deduction   _____ This form is in addition to current deduction

I understand that authorization or cancellation of this deduction will be effective the first day of the month following receipt of the form in the UC Riverside Foundation Office (subject to Payroll Office cutoffs). I also understand that I will receive a receipt for my contribution quarterly.

SIGNATURE:_____ DATE:_____

Send completed form to the UC Riverside Foundation, 1136 Hinderaker Hall.
_____
OFFICE USE ONLY

TRAN code	Entry Date	Elem No.	Deduction Amount	Elem No.	Goal Amount
X1		6071G		XXXXXXXXX	XXXXXXXXX
X1		6072G		6072D	

_____Foundation Accounting

_____Payroll Office