

Payroll Deduction Authorization Form

FOR UGA FACULTY AND STAFF



Archway to Excellence
THE CAMPAIGN FOR THE UNIVERSITY OF GEORGIA

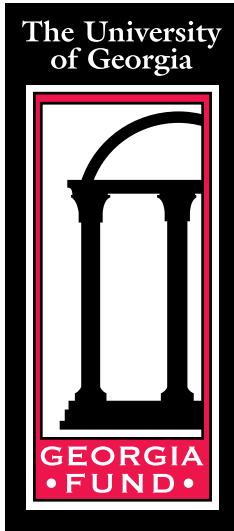
For more information, please contact:

Office of Annual and Special Giving
394 S. Milledge Avenue, Suite 100
Athens, Georgia 30602-5582

(706) 542-8119
1-888-268-5442

www.alumni.uga.edu/gafund

PAYROLL DEDUCTION AUTHORIZATION



 Last Name First Name MI Department

- This is in addition to my existing payroll deduction pledge.
- This replaces my existing payroll deduction pledge.

I hereby authorize and request the University of Georgia to deduct in accordance with University Policy the amount designated below from my paycheck each payroll period and to remit the withheld amounts.

 Signature of Employee Date Work phone

PAYROLL TYPE: ACADEMIC MONTHLY SALARIED HOURLY

| Fund Designation | Amount per Pay period | Duration of pledge (choose one option) | |
|---|-----------------------|--|-------------------------------------|
| | | # of Pay periods | Deduct until otherwise notified (X) |
| (example) Georgia Fund: Scholarships & Academic Support | \$10.00 | | X |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| Total Amount Pledged (\$5 per month minimum) | | | |

Return the completed form to Gift Accounting Office, 394 S. Milledge Avenue, Ste. 100, Athens, GA 30602-5582. Deductions can be terminated or changed by written notice. Please allow at least 14 days prior to a payroll transaction.