



Payroll Deduction Form for NC State Employees

Date: _____ (Form must be submitted by the 10th to generate deduction from the following month's pay.)

Full Name: _____

Job Title: _____ Department: _____

Address: _____

Phone: _____ Email: _____

Pay Period: Bi-weekly _____ Monthly _____ For office use only ID# _____

I will support CALS/NC State University with a monthly contribution of:

- | | | | |
|-------|-------|-------|-------------------------------------------------|
| \$500 | \$250 | \$100 | \$84 (for \$1,000 annual Chancellor's Circle) |
| \$50 | \$25 | \$10 | Other \$ _____ (must be \$10 or more per month) |

1. Gift Designation: _____

2. Gift Designation: _____

3. Gift Designation: _____

Check one:

I would like my deduction to be ongoing until further written notice.

I would like my deduction to stop at the end of this fiscal year, June 30.

NOTE: I authorize the University Payroll Office to deduct the amount indicated from my pay each pay period. I understand that I may cancel the authorization by written notice to the University Payroll Office. Changes received after the 10th of the month will be effective in the next month. If you would like to adjust the amount of your deduction, please call Alumni & Donor Records at 919-515-7827.

Signature _____ Date _____

Please return completed forms to:

Alumni & Donor Records
Campus Box 7474
Raleigh, NC 27695-7474