



PAYROLL DEDUCTION FORM

FACULTY/STAFF INFORMATION

Name(s) (print) _____

Complete Mailing Address _____

Phone Number _____ DSU ID _____

E-mail _____

METHOD OF GIVING: CHOOSE ONE OF THREE PAYMENT DISBURSEMENT OPTIONS BELOW:

- Deduct \$ _____ (\$5/month minimum), reoccurring until further notice:
 - Monthly
 - Quarterly
 - Yearly
- Pledge: Total amount of my gift is \$ _____
Deduct my gift in _____ monthly installments of \$ _____ (\$5/month minimum)
beginning the month of _____.
- Deduct my gift in one lump sum from my paycheck during the month of _____.
 - This is in addition to my existing payroll deduction.
 - This replaces my present payroll deduction.
 - Please renew my gift automatically each year.

GIFT DESIGNATION

Unrestricted gifts to the University for use where the need is greatest are invaluable or you may choose the area(s) you would like your gift to support. Individuals can designate gifts to match professional interests and personal passions with university and program needs.

Pledge/Gift Designation(s) _____

I hereby authorize Delta State University Payroll Department to make the above deduction.

Signature to Authorize your Pledge/Gift

Date

**Please return this form to:
Payroll
Kent Wyatt Hall 212
Campus**