



WPUNJ Foundation - Employee Gift Giving Payroll Deduction Authorization Form

Return the Completed Form to the Payroll and Employee Benefits Office

Employee Name: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Campus Department: \_\_\_\_\_ Campus Phone Extension: \_\_\_\_\_

Please enroll me in the gift giving payroll deduction program (check one):

- Ongoing Gift Bi-Weekly Amount: \$ \_\_\_\_\_
Bi-Weekly Gift with Limit Bi-Weekly Amount: \$ \_\_\_\_\_ Total Amount of Gift: \$ \_\_\_\_\_
One Time Gift: Total Gift Amount: \$ \_\_\_\_\_

Designation of Gift Giving (Please check one)

- Fund for WP
William Paterson University Endowment Fund
General Scholarship Fund
College of Arts and Communication
Cotsakos College of Business
College of Education
College of Humanities and Social Sciences
College of Science and Health
Cheng Library
Athletics
Other - Please Specify: \_\_\_\_\_

I hereby authorize William Paterson University to make the above deductions from my paycheck(s).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Payroll and Employee Benefits Use Only

Payroll Deductions Started PP \_\_\_\_\_ by \_\_\_\_\_ [ ] Verified