

# Payroll Deduction Authorization Form

FOR UGA FACULTY AND STAFF



Archway to Excellence  
THE CAMPAIGN FOR THE UNIVERSITY OF GEORGIA

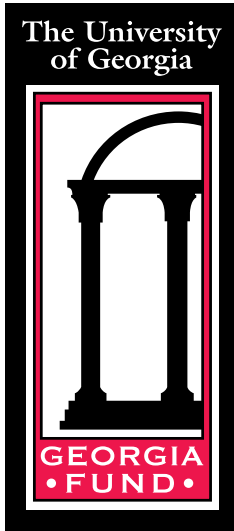
For more information, please contact:

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](http://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.