



Payroll Deduction Authorization Form (for State of California employees)

Please complete and send original to University Advancement (keep a copy for your records)					
DONOR INFORMATION					
Last Name:		First Name:		M.I.:	
Address:		City, State, Zip			
SSN:		Phone:		<input type="checkbox"/> Home <input type="checkbox"/> Office	
Email:		Fax:			
EMPLOYMENT INFORMATION					
Job Title:					
DONATION INFORMATION					
Select Deduction Information Below:					
GIVING TO FRESNO STATE					
School/Unit: Division of Student Affairs					
Account Name: Food Security			Account Number: 300255		
DEDUCTION INFORMATION					
Deduction Code:	Org. Code:	Deduction Amount:	Type (Please check ONE box)	Pay Period: (Office use only)	
089	028	<input type="checkbox"/> \$4.17/month (\$50.04/year) <input type="checkbox"/> \$8.34/month (\$100.08/year) <input type="checkbox"/> \$20.84/month (\$250.08/year) <input type="checkbox"/> \$41.67/month (\$500.04/year) <input type="checkbox"/> \$64.50/month (\$750.00/year) <input type="checkbox"/> \$83.34/month (\$1,000.08/year) <input type="checkbox"/> \$208.34/month (\$2,500.08/year) <input type="checkbox"/> \$416.67/month (\$5,000/year) <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Delete (to delete an existing payroll deduction): Specify: _____ <input type="checkbox"/> Change (to change an existing payroll deduction): Specify: _____	Month	Year
AUTHORIZATION					
I hereby authorize the state collector to deduct from my salaries and wages the amount specified now and in the future for payment of the above contributions to California State University, Fresno .					
This authorization will remain in effect until cancelled by me or by California State University, Fresno Foundation .					
I certify I am an employee of California State University, Fresno and understand that termination of employment will cancel all deductions made under this authorization.					
Signed: _____			Date: _____		
For office use only					
Comments:					

For questions, please contact Yvette Angeles at (559) 278-7137 or via email yangeles@csufresno.edu

Please submit this form to Yvette Angeles at
 Office of University Development
 5244 N. Jackson Avenue, M/S KC 45
 Fresno, CA 93740-8023
 Phone: (559) 278-7137 / Fax: (559) 278-7925