

University of Alabama
Payroll Deduction Authorization

Employee Name _____ CWID _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

University Address _____

This deduction is for _____

Account # _____

Total Amount Pledged \$ _____

Please deduct \$ _____ per pay period until pledge is fulfilled

OR

I hereby authorize the above amount to be deducted each month on going until further notification.

Future pledges will require a new payroll deduction form.

I understand all requests for deductions to be started or stopped will need to be submitted to Advancement Services.

Signature _____ Date _____

Office of Advancement Services Box 870101
G-14 Rose Administration Building, Tuscaloosa, AL 35487 205-348-8106

It is required that all Payroll Deduction forms be signed and the original returned via Campus Mail to Box 870101 for processing.