

Thomas University
Payroll Deduction Authorization

Faculty/Staff Payroll

Deduction Name: Gifts to Thomas University

Effective Date: _____

Name: _____ Social Security No.: _____

I authorize Thomas University to deduct \$ _____ per pay period for _____ times for a total donation of \$ _____.

My gift is designated to (fund name) _____

Authorized Employee Signature _____ Date Signed _____

I authorize these deductions to be automatically renewed each January 1st until such time as I terminate employment or notify the Business Office in writing.

Authorized Employee Signature _____ Date Signed _____

Unless otherwise informed, no substantial donor benefits were received associated with this gift.