Beloit College Payroll Deduction Authorization for Gifts

I hereby authorize Beloit College to make the following voluntary deductions from my pay to the following gift account(s):

| The amount to be deducted per pay period is \$ I am paid: bi-weekly monthly (please circle one) This is: A one-time payroll deduction for (month/year) A limited payroll deduction beginning (month/year) and ending (month/year) for a total of months An recurring payroll deduction beginning (month/year) (by choosing this option, I want my deductions to continue indefinitely until I advise otherwise) | | | Beloit College Annual Fund |
|--|---------|---------|---|
| O I am paid: bi-weekly monthly (please circle one) This is: □ A one-time payroll deduction for (month/year) and ending (month/year) and ending (month/year) for a total of months □ An recurring payroll deduction beginning (month/year) (by choosing this option, I want my deductions to continue indefinitely until I advise otherwise) | | | Other fund |
| This is: A one-time payroll deduction for (month/year) and ending (month/year) and ending (month/year) for a total of months An recurring payroll deduction beginning (month/year) (by choosing this option, I want my deductions to continue indefinitely until I advise otherwise) | The an | nount t | o be deducted per pay period is \$ |
| □ A one-time payroll deduction for (month/year) | | 0 | I am paid: bi-weekly monthly (please circle one) |
| for a total of months An recurring payroll deduction beginning (month/year) (by choosing this option, I want my deductions to continue indefinitely until I advise otherwise) | | | e-time payroll deduction for (month/year) |
| An recurring payroll deduction beginning (month/year) (by choosing this option, I want my deductions to continue indefinitely until I advise otherwise) | | A lim | ited payroll deduction beginning (month/year) and ending (month/year) |
| option, I want my deductions to continue indefinitely until I advise otherwise) | | | for a total of months |
| Signature: | | An re | curring payroll deduction beginning (month/year) (by choosing this n, I want my deductions to continue indefinitely until I advise otherwise) |
| | Signatı | ure: | |
| Dodge d Maria | | | |

Please return completed form to the Payroll Department.

Any changes or additions must be received IN WRITING at least 10 days in advance of the next pay date