**Employee Authorization: Monthly Payroll Contribution**

Please return this completed and signed form to the

Advancement Office, Campus Mailbox 148

*Thank you for helping provide opportunities that improve the lives of South Plains College students!*

**

For office use only

ID#

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the payroll department to begin a contribution from

printed name

Fund name. If no preference, please write ‘any’

For office use only: PL or Recur #\_\_\_\_

each of my regular monthly paychecks beginning with the check I am to receive on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This contribution is to go to the South Plains College Foundation and be directed to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*You may choose a second fund for additional payroll contributions. If you desire this, please indicate it here:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

For office use only: PL or Recur #\_\_\_\_

Fund name. If no preference, please write ‘any’

This authorization will remain in effect until I modify it by submitting a completed Monthly Payroll Contribution Change form to the Advancement Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

I am: an **hourly** employee a **salary** employee

Please do not include me in the drawing for the Branson, MO trip.

*Monthly payroll deduction for* ***Scholarship Gala ticket(s)*** *are requested using a*

*separate form and must be completed annually by February 10 – not eligible for Branson, MO trip.*

*Revised June 2023*