



The Fresno State Annual Fund

California State University, Fresno
University Advancement (KEATS BLDG.)
5244 N Jackson Ave KC 45
Phone: 278-4036/ Fax: 278-7925

Payroll Deduction Authorization Form (for State of California employees)

Please complete and send original to UNIVERSITY ADVANCEMENT (Keep a copy for your records)

I. DONOR INFORMATION

Last name:	First name:	M.I.:
Address:	Social Security Number:	
	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Office
City/State/Zip:	Fax:	
	E-mail:	

II. EMPLOYMENT INFORMATION

Job Title: _____

III. DONATION INFORMATION

SELECT DEDUCTION INFORMATION BELOW: _____

IV. GIVING TO FRESNO STATE

School/unit: X _____	
Account name: X _____	Account number: x _____

V. DEDUCTION INFORMATION

Deduction Code:	Organization Code:	Deduction Amount:	Type (Please check ONE Box)	Pay Period: (Office use only)	
				Month	Year
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 (\$5,000.04/year)	<input type="checkbox"/> New <input type="checkbox"/> <i>Delete (to delete an existing payroll deduction):</i> Specify: _____ <input type="checkbox"/> <i>Change (to change an existing payroll deduction):</i> Specify: _____		

VI. 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 dedications made under this authorization.

Signed: _____ Date: _____

For office use only

Comments: _____