Baylor UniversityPayroll Deduction Gift Authorization

Employee Name:		
BU ID number:		
I hereby authorize the Payroll C	Office of Baylor Univ	versity to:
Deduct a total amount of \$	at \$	per month.
Beginning date:	Ending date:	
Designated for:		(name of fund)
In honor / memory of:		
Please send acknowledgment to	:	
Name:		
Address:		
to the Payroll Office immediate	ly should an error oc	any deduction error and will respond ocur. I will contact Tanya Pruitt, Gift worked) to arrange a payment schedule
Signature:		Date:
Please Return	to Gift Office – On	e Bear Place #97050
For administrati	ve purposes, please s	relect how you are paid
	Monthly	Biweekly