

FOR ACCOUNTING SERVICES USE ONLY

Employee # _____

1st 4 letters of name _____

Deduct Code: _____

THIS COMPLETED FORM MUST BE
RETURNED TO THE OFFICE OF UNIVERSITY ADVANCEMENT
FOR PROCESSING

**UNIVERSITY OF NEW ORLEANS
PAYROLL DEDUCTION FORM**

I authorize the University of New Orleans Payroll Department to begin a:

CHECK ONE

____ Monthly deduction of \$ _____ per pay period.

____ Twice a month deduction of \$ _____ per pay period

____ A one-time deduction of \$ _____

____ An on-going ____ monthly ____ bi-weekly deduction of \$ _____ UNTIL:
____ the University of New Orleans is otherwise notified by the employee.
____ the total of \$ _____ is reached.

*Enter the name of each Account and the total amount of gift to be given to each Account
(such as Annual Fund, Alumni Center, College Name or Department Name)*

ACCOUNT NAME

TOTAL AMOUNT TO BE GIVEN

_____ \$ _____

_____ \$ _____

AMOUNT PER PAY PERIOD \$ _____

I would like to begin my payroll deduction plan effective _____
(Month & Year)

I understand that the UNO Foundation will credit the above amount to the listed account upon receipt of each payroll deduction form sent to the Office of University Advancement by the Contributor.

(Print or type name) (Department)

(Signature) (Telephone) (Date)

(UNO Office of Advancement) (Date)