

Oklahoma State University

PAYROLL DEDUCTION AUTHORIZATION FORM

Benefiting



NAME (Please Print): _____

OSU DEPT ADDRESS: _____ WORK PH. _____

HOME ADDRESS: _____ HOME PH. _____

STREET

CITY

STATE

ZIP

EMAIL: _____

Campus Wide ID: _____

MONTHLY DEDUCTION AMOUNT: \$ _____

MY DEDUCTION IS TO:

() continue until further notice OR

() continue until \$ _____ (pledge amount) has been deducted.

I understand that this form authorizes OSU Payroll to withhold from my salary and/or wages the designated amount per month. I also understand the designated amount will be deposited with the Stillwater Public Education Foundation (the month following the deduction) to benefit the designated programs of the foundation.

THANK YOU FOR YOUR TAX-DEDUCTIBLE DONATION!

Stillwater Public Education Foundation is a 501(c)(3) non-profit foundation.

(A receipt will be provided to you at the end of each calendar year.)

AUTHORIZATION SIGNATURE

DATE

PLEASE FORWARD COMPLETED FORM TO:

Stillwater Public Education Foundation,

P.O. Box 286, Stillwater OK 74076

For questions, contact either of the following:

OSU Payroll Services, 744-5971 or payroll.services@okstate.edu

SPEF, 707-5006 or spef@stillwaterschools.com