

PAYROLL DEDUCTION APPLICATION

University of Nevada, Reno Foundation

Name _____ Employee ID# _____

Home Address _____ Business Phone _____

_____ Department _____

Deduction Starting Date _____ Signature _____

Where needed most at the university for academic advancement

Other _____

New Payroll Deduction -

I hereby authorize the deduction of \$ _____ each month from my paycheck to the University of Nevada, Reno Foundation. These deductions will continue until further notice.

Change in Existing Payroll Deduction -

I hereby authorize a change in my existing payroll deduction from \$ _____ to \$ _____. These deductions will continue until further notice.

PLEASE MAIL COMPLETED FORM TO FOUNDATION OFFICE AT MAIL STOP 162.