

# Payroll Deduction Authorization Form for UGA Faculty and Staff



\_\_\_\_\_  
 Last Name                      First Name                      MI                      Department

- This is in addition to my existing payroll deduction pledge.
- This replaces my existing payroll deduction pledge.
- This is my only payroll deduction pledge.

I hereby authorize and request the University of Georgia to deduct in accordance with University Policy the amount designated below from my paycheck each payroll period and to remit the withheld amounts.

\_\_\_\_\_  
 Signature of Employee                      Date                      Work Phone

**Payroll Type:**    10-month Academic     12-month Salaried     Bi-Weekly Salaried     Bi-Weekly Hourly    \_\_\_\_\_  
 last 4 digits of SS#

Fund Designation	Amount per Pay period	Duration of pledge (choose one option)	
		# of Pay Periods	Deduct until otherwise noted (x)
(example) Georgia Fund for University-wide Support	\$10.00		X
1.			
2.			
3.			
4.			
Total Amount Pledged (\$5 per month minimum)			

Return the completed form to Development and Alumni Relations, Gift Accounting, 394 S. Milledge Avenue, Athens, GA 30602-5582. Deductions can be terminated or changed by written notice. Please allow at least 14 days prior to a payroll transaction. For more information, please contact: Development and Alumni Relations, Gift Accounting, 394 S. Milledge Avenue, Athens, Georgia 30602-5582. (706) 542-8176 / 1-888-268-5442 • gifts@uga.edu