



Employee Payroll Deduction Form

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home Phone: _____ Work Phone: _____

Campus: Long Island Brooklyn I am: Faculty Staff

Deduction Information

If you are already making payroll contributions, the contribution on this form is meant to:

- Change the amount of the current contribution.
- Change the designation of the current contribution.

I hereby authorize St. Joseph's University to deduct:

\$ _____ each pay period until I notify the IA office in the case that I no longer wish to participate.

\$ _____ each pay period until my total gift is \$ _____

Please designate my gift to:

- Brooklyn Unrestricted Long Island Unrestricted
- Scholarship Fund Student Emergency Fund
- Other _____

Signature _____ Date _____

*Please return this form to Catherine Scott, Office of Institutional Advancement - Brooklyn
Phone: 718-940-5578 Fax: 718-636-6830 E-mail: escott@sjny.edu*

Thank You!

For Office Use Only

Purpose Code _____ G/L# _____ Notes _____