



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 College to deduct:

- \$ _____ each pay period until I notify the IA office in writing 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 _____

For Office Use Only

Purpose Code _____ G/L# _____ Notes _____

*Please return this form to Kelly Cortes Office of Institutional Advancement – Long Island
Phone: 631.687.5197 Fax: 631.286.2526 E-mail: kcortes@sjcny.edu*

Thank You!