



## 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please return this form to Catherine Scott, Office of Institutional Advancement - Brooklyn*

*Phone: 718-940-5578 Fax: 718-636-6830 E-mail: [cscott@sjcny.edu](mailto:cscott@sjcny.edu)*

**Thank You!**

For Office Use Only

Purpose Code \_\_\_\_\_ G/L# \_\_\_\_\_ Notes \_\_\_\_\_