Payroll Deduction Authorization Form for UGA Faculty and Staff

First Name

Last Name



Lastrianis		Sopartmont	
\Box This is in addition to my existing payroll of	deduction pledge	Э.	
☐ This replaces my existing payroll deduction	on pledge.		
\square This is my only payroll deduction pledge.			
I hereby authorize and request the University amount designated below from my paychecl	•		
Signature of Employee Da	ate \	Work Phone	
Payroll Type: 10-month Academic Salarie	\sim	, ,	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			

Department

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