



Payroll Deduction Authorization
For Faculty and Staff Members of Andrew College

Title: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Faculty or Staff

I am an Andrew College alum. Class of _____

Please designate my gift to:

Andrew College Annual Fund

Other _____

Options:

I authorize a one-time deduction of \$ ____ on ____ / ____ / ____ (paycheck date).

Or

I authorize a gift of \$ ____ per pay period beginning ____ / ____ / ____, and will continue until I terminate it or end ____ / ____ / ____. (*minimum of \$5 for bi-monthly or \$10 for monthly*)

Signature _____

This authorization can be adjusted or canceled anytime upon your request. Limited personnel at Andrew College have access to the database and use the data in the regular course of their business at Andrew College. The information in the database will not be disseminated to any others except if required by law. You have the right to review your giving record.

Please submit the completed form to the Human Resources Office.

Inquiries should be forwarded to the Development Office at development@andrewcollege.edu