



**PAYROLL DEDUCTION FORM
FOR UNIVERSITY AT BUFFALO EMPLOYEES ONLY**

Name* _____
Title/Department* _____
Address* _____
City* _____ State* _____ Zip* _____
Phone* _____ E-mail _____
Person Number _____

*required

I hereby authorize the payroll office of:

- State of New York – UB UB Foundation Research Foundation FSA

to deduct \$ _____ biweekly for _____ pay periods for a total pledge of \$ _____
(\$5 minimum biweekly)

OR

\$ _____ biweekly continuously until further notice.
(\$1 minimum biweekly)

Date deduction to begin _____ (subject to payroll processing deadlines)

This is a: new pledge additional pledge change to an existing pledge

Gift purpose: The area of greatest need Other: _____

Signature of Employee _____ Date _____

We will distribute a copy to the designated payroll office.