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: ❑ School, department, program or fund name:_____

Signature of Employee Date

We will distribute a copy to the designated payroll office.

University at Buffalo *The State University of New York*

Return via campus mail to:
Cindy Johannes
University at Buffalo Foundation
Center for Tomorrow
Phone: 716-645-8720
Fax: 716-645-3475