

**SHIPPENSBURG UNIVERSITY FOUNDATION  
PAYROLL DEDUCTION AUTHORIZATION**

Employee Name	Social Security Number
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I hereby authorize the Shippensburg University Foundation to (check one)

- Change                       Start                       Stop

biweekly payroll deductions. Please see the pledge envelope for designation of your gift(s).

Biweekly Payroll Deduction	Employee Signature	Date
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<b>PAYROLL USE ONLY</b> Payroll Key	Effective with Pay Date of
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WHITE COPY-SU Foundation

CANARY COPY-SU Foundation

PINK COPY-Employee