



Payroll Office

**AUTHORIZATION AGREEMENT FOR PAYROLL DEDUCTION
FOR THE PURPOSE OF REMITTAL TO THE
WINTHROP UNIVERSITY FOUNDATION**

I authorize the Winthrop University Payroll Department to deduct from my pay each regular pay period, the contributions as designated below. I understand that this deduction will continue according to the terms described below, or until I notify the Payroll Office and the Winthrop University Foundation (WUF), in writing, of my desire to change or terminate the deduction. Please contact the Payroll Office regarding notification of termination of contributions (803-323-2271 or Payroll@Winthrop.edu).

Faculty/Staff Name (Please Print): _____

Winthrop ID Number: _____

Winthrop Email Address: _____

WUF Fund Designation (Eagle Club, Scholarship, etc.): _____

Amount To Be Deducted From Each Paycheck: _____
(\$5 Minimum Deduction Per Paycheck)

Maximum Annual Contribution: _____

The deduction will begin on the next available payroll after receipt of this form in the Winthrop University Payroll office.

End Date for Payroll Deduction: _____

In addition, I authorize Winthrop University to, on my behalf, remit to the Winthrop University Foundation the amount I have indicated to be deducted from my pay each regular pay period. I understand that Winthrop University is not responsible for the funds once remitted to the Winthrop University Foundation.

Employee Signature: _____ Date: _____

This form must be submitted to the Winthrop University Payroll Office a minimum of two weeks prior to the first applicable payroll.