



Payroll Deduction Authorization Form

EMPLOYEE INFORMATION

Name (Last, First, M.I.) _____

Employee ID# _____ Title _____

Home address _____

City _____ State _____ Zip _____

Phone Cell _____ Business _____ Home _____

Home Email _____ Business Email _____

PRESIDENT'S COUNCIL GIFT DESIGNATION (Choose one)

- Unrestricted Dentistry Graduate Medical Nursing
 Health Professions Laredo South Texas

MEMBERSHIP LEVEL/MONTHLY PAYMENT (Choose one)

- \$1,000 (\$84/month) \$2,500 (\$209/month)
 \$5,000 (\$417/month) \$10,000 (\$834/month)

Payroll deductions are allowed for full-time employees. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deductions.

AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the Office of Institutional Advancement and Payroll Services at The University of Texas Health Science Center at San Antonio to initiate the monthly payroll gift deduction as indicated above.

I understand I may revoke this authorization at any time by giving both offices written notice.

I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me _____, or my employment with the UT Health Science Center terminates. Print Name

Signature _____ Date _____

Please email your form to Gift Processing at: GiftProcessing@uthscsa.edu or mail it to the address listed below.

Thank you for making lives better!