

President's Council

Employee Payroll Deduction Authorization Form

Last Name

First Name

M.I.

Preferred Mailing Address

HSC Employee ID #

HSC Telephone Number

HSC Email

HSC Fax Number

<p>Please designate my contribution to the:</p> <p><input type="checkbox"/> President's Council Unrestricted Fund – used for the President's greatest need to advance the University's missions</p> <p style="text-align: center;"><u>Or</u> (you may only choose one)</p> <p>Dean's Critical Needs Fund for the following:</p> <p><input type="checkbox"/> Dental <input type="checkbox"/> Graduate <input type="checkbox"/> Health Professions <input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> South Texas <input type="checkbox"/> Laredo</p>	<p>I request the following payroll deduction(s): <i>(Pay period begins when pledge received)</i></p> <p><input type="checkbox"/> Monthly deductions of \$ _____ or <input type="checkbox"/> One-time deduction of \$ _____</p> <hr/> <p><input type="checkbox"/> I wish to participate in the continuous payroll program.</p> <p><input type="checkbox"/> I wish to have my payroll payments end with pay period: _____. <i>(After my President's Council membership has been fulfilled.)</i></p> <p>Annual Contribution: \$ _____</p>
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I authorize the Offices of Development and Payroll Services at the University of Texas Health Science Center at San Antonio to initiate the deduction(s) indicated above. I understand I may revoke this authorization at any time by giving both offices written notice.

Employee Signature

Date

THIS DOCUMENT IS FOR OFFICIAL USE ONLY

Please return this form to the Office of Development listed at the address below.