



## PAYROLL DEDUCTION AUTHORIZATION FORM

I, \_\_\_\_\_ authorize the Lac Courte Oreilles Ojibwe University to deduct the following amount **per pay period** from my payroll check.

\$5    \$10    \$25   \$50   \$100   Other

Amount per pay period x 26 pay periods per year = Total Annual Gift

This payroll deduction is for the Student Scholarship Fund and is authorized to begin on pay date: \_\_\_\_\_ and will continue until further notice.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### THANK YOU!

No goods or services were provided in exchange for this contribution. Please keep a copy of this form for your tax records. Pledges paid through payroll deduction also require a copy of your pay stub showing amount withheld. Please consult your tax advisor for more information.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_