PAYROLL DEDUCTION AUTHORIZATION

Name of Employee: ________________________________  Today’s Date: ________________
(please print)

Department: ________________________________

Donations:

☐ Begin deduction of $_______ per pay period beginning ____________, 20____.

or ☐ Discontinue all support effective ____________, 20____.

AREAS OF SUPPORT
(Select any of the following you wish to support)

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage Donated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Fund-Undesignated</td>
<td>______</td>
</tr>
<tr>
<td>Designated to an existing fund</td>
<td>______</td>
</tr>
<tr>
<td>(Fund__________________________________)</td>
<td></td>
</tr>
<tr>
<td>Emergency Care Fund for Employees</td>
<td>______</td>
</tr>
<tr>
<td>Emergency Care Fund for Students</td>
<td>______</td>
</tr>
<tr>
<td>Scholarship for NC student</td>
<td>______</td>
</tr>
</tbody>
</table>

By signature, I grant authorization to make changes to my paycheck as specified above.

__________________________  __________________________
(Signature)                  (Date Signed)

Please return completed form to the Office of Human Resources.

To make a one-time donation by check or credit card, please contact the Office of Institutional Advancement at 803.321.5147 or e-mail at institutional.advancement@newberry.edu.