



# Payroll Deduction Authorization NIU Foundation

**Please return completed form to NIU Foundation, Altgeld Hall 138**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

NIU Department: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Hourly  Salaried

**To START or ADD a Contribution**

**Step 1**

If you do not currently have any payroll contributions to the NIU Foundation go to Step 2.

If you are already making payroll contributions to the NIU Foundation, this new contribution is meant to:

- Be an additional contribution to the current one.
- Completely cancel and override the current contribution.

*If no box above is checked this contribution will override all current NIU Foundation payroll contributions.*

**Step 2**

I hereby authorize the NIU Foundation to:

Deduct \$ \_\_\_\_\_ \* per pay period until I submit a stop authorization

**OR**

Deduct \$ \_\_\_\_\_ \* per pay period (min. 4 pay periods) until my total gift is \$ \_\_\_\_\_

**Step 3**

**Please direct my gift to:**

Allocation	Per pay period (Min. \$5 per allocation)
Civil Service Emergency Fund _____	\$ _____ (Min. 4 pay periods)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$ _____	*Must equal amount authorized above

I hereby authorize NIU Human Resources to deduct from my warrant each pay period the amount shown above and turn over to the NIU Foundation for my credit. This deduction is to be in accordance with State of Illinois rules governing payroll deduction.

NOTE: Any authorization to withhold from the salary or wages of an employee shall terminate and such withholding shall cease upon the happening of the following events: 1) Termination of employment, 2) Written notice by the employee of cancellation of such former authorization or 3) Goal amount is reached (A goal amount is not required).

**Step 4**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To STOP a Contribution**

Please stop all existing NIU Foundation contributions.  
This revocation is to be effective after the date below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed form to NIU Foundation, Altgeld Hall 138, 753-1652**