



**PAYROLL DEDUCTION FORM
FOR UNIVERSITY AT BUFFALO EMPLOYEES ONLY**

Name*

Title/Department*

Address*

City* State* Zip*

Phone* E-mail

Person Number

*required

I hereby authorize the payroll office of:

- State of New York – UB UB Foundation Research Foundation FSA

to deduct \$ _____ biweekly for _____ pay periods for a total pledge of \$ _____
(\$5 minimum biweekly)

OR

\$ _____ biweekly continuously until further notice.
(\$1 minimum biweekly)

Date deduction to begin _____ (subject to payroll processing deadlines)

This is a: new pledge additional pledge change to an existing pledge

Gift purpose: School, department, program or fund name: UB Child Care Center

Signature of Employee Date

We will distribute a copy to the designated payroll office.