PAYROLL DEDUCTION APPLICATION

University of Nevada, Reno Foundation

Name

Employee ID#

Home Address

Business Phone

Department

Deduction Starting Date

Signature

☐ Where needed most at the university for academic advancement

☐ Other

☐ New Payroll Deduction -

I hereby authorize the deduction of $ each month from my paycheck to the University of Nevada, Reno Foundation. These deductions will continue until further notice.

☐ Change in Existing Payroll Deduction -

I hereby authorize a change in my existing payroll deduction from $ to $. These deductions will continue until further notice.

PLEASE MAIL COMPLETED FORM TO BCN PAYROLL AT MAIL STOP 122 AND EMAIL A COPY TO FNDACCT@UNR.EDU OR SEND TO FOUNDATION OFFICE AT MAIL STOP 162.