

Benedictine University Employee Contribution and Payroll Deduction Form

Name: _____ Department: _____ Ext. _____

Home Address: _____

City: _____ State: _____ Zip: _____

Gift Designation: _____

My spouse works for a Matching Gift Company: _____

Cash, Check or Credit Card Payment Options

\$ _____ Cash or Check (if check, payable to Benedictine University)

\$ _____ VISA/MasterCard/Discover/American Express # _____

Exp. Date: _____ 3 Digit Security Code: _____

Signature _____ Date _____

(Signature required for Credit Card)

Payroll Deduction Options (deductions will be processed the next pay period, \$5 minimum)

New payroll deduction of \$ _____ per pay period as of _____

This replaces current payroll deduction. Change to \$ _____ per pay period as of _____

Increase my current payroll deduction by \$ _____ per pay period as of _____

Check one: ___ My deduction will continue until _____

___ My deduction will continue until further notice.

I authorize payroll to deduct the above amount from my payroll check starting as noted above.

Signature _____ Date _____

(Signature required for Payroll Deduction)