

OSU PAYROLL DEDUCTION FORM

☐ INITIATE

☐ CHANGE

☐ CANCEL

I want to pledge \$ _____ per month to the _____ fund.

I want to pledge \$ _____ per month to the _____ fund.

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Total monthly deduction \$ _____ to begin _____ (mm/01/yy)

My deduction is to: ☐ continue until further notice OR ☐ continue until \$ _____ has been deducted (pledge amount)

I understand that this form authorizes OSU Payroll to withhold from my salary and/or wages for the designated amount per month. I also understand the designed amount will be deposited with the OSU Foundation (the month following the deduction). If a dollar amount is not specified, the deduction will continue until I notify the OSU Foundation through another payroll deduction form.

Signature _____ Date _____

Name (please print) _____

SSN or CWID _____ Donor ID (OSUF Use Only) _____

Department _____ Campus _____

Work Address _____ Work Phone _____

Home Address _____ Home Phone _____

Email Address _____ Fax _____

Please complete entire form to ensure proper credit of your tax-deductible gift

Send form to:
303 Paul Miller Building
Stillwater, OK 74078
Or fax form to 405-744-9970
Or email form to membership@kosu.org

**PLEASE NOTE: This form overrides existing payroll deduction.
All fund deductions must be indicated on this form.**

**Please call 405.385.5100 for Gift Processing if you need any
assistance in completing this form.**