UNIVERSITY OF ROCHESTER PAYROLL PLEDGE DEDUCTION AUTHORIZATION FORM

**Highland Hospital Payroll**

For University of Rochester or VNS please use other form.

Thank you for your support of the University of Rochester’s mission to learn, discover, heal, and create. Your payroll deduction gift pledge is critical to the University’s success. In addition to other gift agreement forms you may have submitted, we are required to complete the below authorization in order to begin your payroll deduction. Please fill out the below. If you have any questions or concerns, please call Gift and Donor Records at 585-275-4564.

|  |  |  |
| --- | --- | --- |
| Your Name: |  | |
| Your Employee ID: |  | |
| Home Phone: |  | |
| Work Phone: |  | |
| Email: |  | |
| Address: |  | |
| City State Zip |  | |
| **\*\*\*\*Donation is for: HH Foundation, Dept. FamMed Global Health Fund\*\*\*\*** | | |
| Please indicate your payroll cycle | | |
| **□** | Highland Hospital Biweekly (Every other Thursday for a total of 26 deductions annually) | A = 26 |
| **□** | Semimonthly (15th rolled back to previous business day & last business day of the month for a total of 24 deductions annually) | A = 24 |
| **□** | Monthly (last business day of the month for a total of 12 deductions annually) | A = 12 |
| **□** Fixed amount to be deducted from each pay period: |  | B |
| **□** Changing amount deducted over the life of the pledge. | Attach a payment schedule to serve as authorization to change the amount of the deductions as outlined at the appropriate time. |  |
| Start Date: |  |  |
| Stop Date: |  |  |
| Total: |  | A x B |

I understand that this payroll deduction is a voluntary gift for which I receive no benefits. Authorization for this payroll deduction can be revoked at any time in writing by contacting GDR at [giftoffice@admin.rochester.edu](mailto:giftoffice@admin.rochester.edu).

|  |  |
| --- | --- |
|  | |
| Your Signature | Date |