

HIGHLAND HOSPITAL PAYROLL PLEDGE DEDUCTION AUTHORIZATION FORM

FOR UNIVERSITY OF ROCHESTER OR VISITING NURSE SERVICE 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: _____

PLEASE INDICATE YOUR PAYROLL CYCLE AND PLEDGE DEDUCTION DETAILS

<input type="checkbox"/> Highland Hospital Biweekly (Every other Thursday for a total of 26 deductions annually)	
<input type="checkbox"/> Semimonthly (15th rolled back to previous business day & last business day of the month for a total of 24 deductions annually)	
<input type="checkbox"/> Monthly (last business day of the month for a total of 12 deductions annually)	
Fixed amount to be deducted from each pay period:	
Number of pay periods donation should be deducted:	
Total (amount deducted X total number of pay periods:	
<input type="checkbox"/> 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:	

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.

Signature	Date