



**Payroll Deduction Authorization Form**  
 (for State of California employees)

Please complete and send original to FRESNO STATE ALUMNI ASSOCIATION (Keep a copy for your records)

**I. DONOR INFORMATION**

Last name:	First name:	M.I.:
Address:	Social Security Number:	
	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Office
City/State/Zip:	Fax:	
	E-mail:	

**II. EMPLOYMENT INFORMATION**

Job Title:

**III. DONATION INFORMATION**

SELECT DEDUCTION INFORMATION BELOW:

**IV. GIVING TO FRESNO STATE**

School/unit: <i>Fresno State Alumni Association</i>	<input type="checkbox"/> Bulldog Pride Fund <input type="checkbox"/> GSA Network Award <input type="checkbox"/> TimeOut Spirit Award <input type="checkbox"/> Harvey Milk Hope Award <input type="checkbox"/> ASI Presidents' Award
Account name: <i>Bulldog Pride Fund</i>	Account number: <i>30103.9108</i>

**V. DEDUCTION INFORMATION**

Deduction Code:	Organization Code:	Deduction Amount:	Type (Please check ONE Box)	Pay Period: (Office use only)	
				Month	Year
<b>089</b>	<b>028</b>	<input type="checkbox"/> \$8.34/month (\$100.08/year) <input type="checkbox"/> \$20.84/month (\$250.08/year) <input type="checkbox"/> \$41.67/month (\$500.04/year) <input type="checkbox"/> \$64.50/month (\$750.00/year) <input type="checkbox"/> \$83.34/month (\$1,000.08/year) <input type="checkbox"/> \$208.34/month (\$2,500.08/year) <input type="checkbox"/> \$416.67/month (\$5,000.04/year)	<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <i>Delete (to delete an existing payroll deduction):</i> <i>Specify: _____</i> <input type="checkbox"/> <i>Change (to change an existing payroll deduction):</i> <i>Specify: _____</i>		

**VI. AUTHORIZATION**

I hereby authorize the state collector to deduct from my salaries and wages the amount specified now and in the future for payment of the above contributions to **California State University, Fresno**.

This authorization will remain in effect until cancelled by me or by **California State University, Fresno Foundation**.

I certify I am an employee of **California State University, Fresno** and understand that termination of employment will cancel all dedications made under this authorization.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only**

Comments:



**Payroll Deduction Authorization Form** (for Auxiliary Corporation employees)

Association    Foundation    Programs for Children    Ag

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Account name: <b>Bulldog Pride Fund</b>	Account number: <b>30103.9108</b>

**V. DEDUCTION INFORMATION**

Deduction Code:	Organization Code:	Deduction Amount:	Type (Please check ONE Box)	Pay Period: (Office use only)	
<b>089</b>	<b>028</b>	<input type="checkbox"/> \$4.17/pay period (\$100.08/year) <input type="checkbox"/> \$10.42/pay period (\$250.08/year) <input type="checkbox"/> \$20.84/pay period (\$500.16/year) <input type="checkbox"/> \$31.25/pay period (\$750.00/year) <input type="checkbox"/> \$41.67/pay period (\$1,000.08/year) <input type="checkbox"/> \$104.17/pay period (\$2,500.08/year)	<input type="checkbox"/> <b>New</b> <i>payroll deduction:</i> <i>Specify: _____</i> <input type="checkbox"/> <b>Change</b> (to change an existing payroll deduction): <i>Specify: _____</i>	Month	Year

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Comments: