INDIANA UNIVERSITY/IU FOUNDATION
PAYROLL GIFT DEDUCTION FORM

This gift is from	Social Security #: - -
Business Address	Employee ID#
Home Address	Home Phone - -

I would like the deductions for ☐ # of payroll periods or to continue indefinitely ☐, until I notify you in writing to revoke.

Campaign Code ☐ (Optional)

Amount per Payroll Period	School/Dept./Program	Account Number (Income or Principal)
$		
$		
$		
$ Total amount per pay period		

I hereby authorize Indiana University to deduct the amount indicated below each pay period, unless revoked by me in writing.

Date: _____ Signature _____

Employee Pay Type:
☐ 10 month
☐ 12 month
☐ Biweekly

This is
☐ An Additional payroll deduction
☐ In place of All current payroll deductions.
☐ In place of Current payroll deduction of $☐ to ☐.

Return to Gift Administration c/o Payroll Deduction Associate, IU Foundation, Showalter House, 46 Bypass, Bloomington.
If you have any questions, please contact Gift Administration Services at 855-5776.

For Office Use Only

Previous Deduction Amount $ _____ *New Deduction Amount $* _____ *Start Date* _____