



## Faculty & Staff Payroll Deduction Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

To make your gift to the Big Green Scholarship Foundation for the Herd Rises Campaign, please **choose** between the following payment options below:

### Payroll Deduction Authorization (please print):

Name: \_\_\_\_\_

Department: \_\_\_\_\_

MU ID#: \_\_\_\_\_ Total Amount of Gift per year: \$ \_\_\_\_\_

1. Please check the blank below showing the amount of your deduction per pay period.
2. Minimum amount of payroll withholding per pay period is \$2.00.
3. Gift is deducted from 24 of the 26 pay periods.

\_\_\_\_\$25.00    \_\_\_\_\$15.00    \_\_\_\_\$10.00    \_\_\_\_\$5.00    \_\_\_\_\$2.00    Other \$ \_\_\_\_\_

I hereby authorize the State of West Virginia by which I am employed to deduct the amount above from my pay each pay period starting with the first pay period beginning on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ I currently have an ongoing Big Green Annual Fund payroll deduction and this is **an additional gift** for the Herd Rises Campaign.

This payroll deduction will continue for \_\_\_\_\_ (ex 120) pay periods or \_\_\_\_\_ (ex 5) years from the starting pay period indicated on this form.

I understand this authorization may be revoked by me in writing at any time. A new form may be submitted at any time upon change in deduction per pay period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this information to the Big Green**

Post Office Box 1360 Huntington, WV 25715-1360  
biggreen@marshall.edu / 304-696-4661