



St. Joseph's University NEW YORK

Employee Payroll Deduction Form

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Cell Phone: _____ Work Phone: _____

Campus: Patchogue Brooklyn I am: Faculty Staff

Deduction Information

If you are already making payroll contributions, the contribution on this form is meant to:

- Change the amount of the current contribution.
- Change the designation of the current contribution.

I hereby authorize St. Joseph's University to deduct:

\$ _____ each pay period until I notify the IA office in writing that I no longer wish to participate.

\$ _____ each pay period until my total gift is \$ _____

Please designate my gift to:

- Unrestricted Brooklyn Unrestricted Patchogue Unrestricted
- Scholarship Fund (specify) _____ Academic Department _____

| | | |
|----------------------------|------------|-------------|
| For Office Use Only | | |
| Purpose Code _____ | G/L# _____ | Notes _____ |

*Please return this form to Catherine Scott, Office of Institutional Advancement – Brooklyn
Phone: 718.940.5578 Fax: 718.636.6830 E-mail: cscott@sjny.edu*

Thank You!