

PAYROLL DEDUCTION SIGN-UP FORM

Name: _____

Last 4 digits of SSN: _____ Employee No. : _____

I hereby authorize you to deduct from my pay \$_____ per month.

For a period of ___ months Until further notice from me

Deductions will be divided equally between two pay periods each month.

Please transmit deducted amounts to the West Virginia State University Foundation, Inc.

For: WVSU Fund WVSU Scholarship

Other: _____

Start Change Effective Date: _____

Signature of Employee _____ Date: _____

**Please complete this form, print, sign, and return it to the
R & D Payroll Office, 100 Toney House,
or contact Carla Boggess at sayreca@wvstateu.edu or x4278.**