PAYROLL DEDUCTION AUTHORIZATION

The University of Georgia
GEORGIA FUND
Foundation for Academic Excellence

Last Name | First Name | MI | Department

☐ **This is in addition to my existing payroll deduction pledge.**
☐ **This replaces my existing payroll deduction pledge.**

Clear Form

I hereby authorize and request the University of Georgia to deduct in accordance with University Policy the amount designated below from my paycheck each payroll period and to remit the withheld amounts.

Signature | Date | Work Phone

PAYROLL TYPE: ☐ **ACADEMIC** ☐ **MONTHLY** ☐ **SALARIED** ☐ **HOURLY**

Fund Designation	Amount per Pay Period	Duration of Pledge (choose one option)	
		# of Pay Periods	Deduct until otherwise notified
EXAMPLE: GEORGIA FUND: SCHOLARSHIPS & ACADEMIC SUPPORT	*$10.00*		*X*
1. Henry M. (Hank) Huckaby Employee Recognition Fund 30-7112-10			☐
2.			☐
3.			☐
4.			☐
5.			☐
Total Amount Pledged ($5 per month minimum)			

Return the completed form to the Gift Accounting Office, 394 S. Milledge Avenue, Ste. 100, Athens, GA 30602-5582.
Deductions may be terminated or changed by written notice. Please allow at least 14 days prior to a payroll transaction.