



PAYROLL DEDUCTION AUTHORIZATION - optional

I authorize Spring Arbor University to deduct \$_____ per pay period until further notice, beginning with the month of _____, (year) _____.

Gift designation(s):

Include all gifts (current and new) on this card.

Arbor Fund \$_____

Other \$_____ \$_____

This form replaces any previous payroll deduction forms on file in the payroll office.

Please print:

Date _____ ID# _____

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____

Signature _____

Thank you for supporting SAU!