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**PAYROLL DEDUCTION**

**GIFT AUTHORIZATION**

**CHANGE FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D. Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_@pacific.edu Home email \_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_

Campus **Stockton**  **McGeorge**   **Dugoni**

As a University employee, I hereby give authorization to the Division of University Development to amend the arrangements for my current payroll deduction of $\_\_\_\_\_\_\_\_\_ **per pay period**

**My contributions were made to support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**End** the above deduction so that my contribution to the University will **Total $\_\_\_\_\_\_\_\_**

**End** my deduction on the next payroll period.

 **I understand that the payments will be amended on the next pay period of the month following the processing of this form.**

Should I wish to support the University in the future through payroll deduction, I will complete a new Payroll Deduction Gift Authorization Form and submit it to Advancement Services & Research, Gift Processing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Employee Date**

Please return completed form to:

Advancement Services & Research

University of the Pacific, Bannister Hall

3601 Pacific Avenue, Stockton, CA 95211

Please contact Gift Processing if you have questions or require assistance

gift\_processing@pacific.edu

(209) 946-2202

INTERNAL USE ONLY

ORIGINAL PLEDGE AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT CANCELLED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTERED DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENTERED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_