

INITIATE PAYROLL DEDUCTION AUTHORIZATION FORM

Please complete this form to initiate a payroll deduction. If you wish to change or terminate your existing payroll deduction(s), please use the Change/Terminate Payroll Authorization Form.

Employee Name:				
City, State, Zip:				
Work Email:				
Monthly Payroll Total Pledge \$			Bi-weekly Payroll	Total Pledge \$
Amount to be deducted each month: \$			Amount to be deducted each pay period: \$	
Starting Date: (mm/yy)			Starting Date: (mm/dd/yy)	
Number of Installments:			Number of Installments	
12 (1 year)		48 (4 years)	26 (1 year)	104 (4 years)
24 (2 years)		60 (5 years)	52 (2 years)	130 (5 years)
36 (3 years)			78 (3 years)	
Pledge distribution(s) per pay period: Split evenly: No Yes (If yes, check the designations that apply or fill in other designations)				
	\$	The Wake Forest	Fund	
\$ The Wake Forest Fund - College				
\$ The Wake Forest Fund - School of Law				
\$ The Wake Forest Fund - School of Divinity				
\$ The Wake Forest Fund - Graduate School				
	\$	The Wake Forest	Fund - School of Business	
	\$	The Wake Forest	Fund - Student Aid	
	\$	The Wake Forest	Fund - ZSR Library	
	\$	The Wake Forest	Fund - Beautiful Campus	
	\$	The Wake Forest	Fund - Student Experience	
	\$	The Wake Forest	Fund - Career Readiness	
	\$	 Deacon Club		
Other:				
Amount: \$				
Amount: \$ Amount: \$				
Amount: \$				
Amount: \$				
Comments:				
Signature:			Date	::