



## CHANGE OR TERMINATE PAYROLL DEDUCTION AUTHORIZATION FORM

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

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Check the appropriate box:

Terminate payroll deduction

Change payroll deduction

<b>Monthly Payroll</b>	Total Pledge \$ _____
Amount to be deducted each month: \$ _____	
Starting Date: _____ (mm/yy)	
Number of Installments:	
12 (1 year)	48 (4 years)
24 (2 years)	60 (5 years)
36 (3 years)	

<b>Bi-weekly Payroll</b>	Total Pledge \$ _____
Amount to be deducted each pay period: \$ _____	
Starting Date: _____ (mm/dd/yy)	
Number of Installments:	
26 (1 year)	104 (4 years)
52 (2 years)	130 (5 years)
78 (3 years)	

<b>Pledge distribution(s) per pay period:</b>	<b>Split evenly:</b>	<b>No</b>	<b>Yes</b> <i>(If yes, check the designations that apply or fill in other designations)</i>
	\$ _____		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
<b>Other:</b>			
Amount: \$ _____		Designation: _____	
Amount: \$ _____		Designation: _____	
Amount: \$ _____		Designation: _____	
Amount: \$ _____		Designation: _____	

Comments:
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_