



**PAYROLL DEDUCTION:  
EMPLOYEE STATEMENT**

AUTHORIZE / CHANGE

I hereby request a deduction of \$\_\_\_\_\_ from my pay each payroll period and that same be forwarded to the Bemidji State University Foundation. Said deductions may be initiated, changed, or revoked only by my written permission.

- This change shall be effective immediately.
- This change shall be effective for the pay period ending \_\_\_\_\_.

Designation	Amount Per Pay Period
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

CEASE

I hereby request that all payroll deductions cease from my pay each payroll period which are currently being forwarded to the Bemidji State University Foundation.

- This change shall be effective immediately.
- This change shall be effective for the pay period ending \_\_\_\_\_.

Name (Please Print)

Employee/Tech ID Number

Employee Signature

Date

*(Please Note: Signed authorization forms should be sent to BSU Alumni & Foundation Office, Box #17. Forms must be received a minimum of eleven days prior to the effective date indicated above.)*

For Office Use Only:

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

Submitted to BSU Business Office: \_\_\_\_\_