WSU Foundation Payroll Deduction Authorization

Name

Email

Phone

SEMA4#

Date

I authorize the Winona State University Foundation:

☐ To start a NEW payroll deduction(s)
☐ To ADD a payroll deduction in addition to my current deduction(s)
☐ To REPLACE my current payroll deduction(s)
☐ To CANCEL my current payroll deduction(s)

If you require any assistance with completing this form or have any questions, please contact Beth Halleck at x5144 or bhalleck@winona.edu

Please note that deductions will automatically renew each Fiscal Year unless we are notified otherwise.

An annual statement of your payroll deduction gifts will be provided to you in January for tax purposes. Your contribution is tax deductible to the extent allowed by law. Please consult with your tax advisor.

<table>
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<th>Fund or Department</th>
<th>Amount per Pay Period</th>
<th># of Pay Periods per Fiscal Year</th>
<th>Date to Begin</th>
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Signature

Date

Please return completed form to

University Advancement, Somsen 204 or bhalleck@winona.edu

Empower STUDENTS IMPROVE OUR WORLD GIVE NOW