

# WSU Foundation Payroll Deduction Authorization

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

SEMA4# \_\_\_\_\_

Date \_\_\_\_\_

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

***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)

Fund or Department	Amount per Pay Period	# of Pay Periods per Fiscal Year	Date to Begin

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Please return completed form to  
University Advancement, Somsen 204 or [bhalleck@winona.edu](mailto:bhalleck@winona.edu)

