

Name \_\_\_\_\_ Employee No. \_\_\_\_\_  
 (Please Print) Last First Middle

- ☐ I wish to keep my payroll deductions and designations the same. Therefore, no action is necessary on my part.
- ☐ I wish to discontinue my current payroll deduction effective \_\_\_\_\_ (date).
- ☐ I wish to change my current payroll deduction amount and/or designation as indicated below.
- ☐ I wish to begin payroll deduction and authorize a total per pay period deduction of \$ \_\_\_\_\_ \*(minimum deduction is \$1) to begin the first day of the pay period closest to \_\_\_\_\_ (date). Below is how I wish my gift to be designated.
- ☐ I am a 20 pay period employee
- ☐ I am a 22 pay period employee
- ☐ I am a 26 pay period employee
- ☐ I wish no payroll deduction but have enclosed my annual gift. Below is how I wish this gift to be designated.

Designate my gift as follows:

Panther Fund

☐ All of my gift ☐ \$ \_\_\_\_\_ of my gift

WFIT

☐ All of my gift ☐ \$ \_\_\_\_\_ of my gift

Other (specific college, program, endowment, etc.)

☐ All of my gift ☐ \$ \_\_\_\_\_ of my gift to \_\_\_\_\_  
 (designation)

☐ All of my gift ☐ \$ \_\_\_\_\_ of my gift to \_\_\_\_\_  
 (designation)

☐ All of my gift ☐ \$ \_\_\_\_\_ of my gift to \_\_\_\_\_  
 (designation)

I hereby authorize the above payroll deduction to take place and understand that, unless written notice is given by me, all amounts and designations will remain the same as long as I am an employee of Florida Institute of Technology.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OFFICIAL USE ONLY**

Entered by \_\_\_\_\_ Date \_\_\_\_\_ Deduction Code \_\_\_\_\_ Effective Date \_\_\_\_\_