

New York State, County and Municipal Employees Bi-weekly Payroll Deduction Authorization

75 S. Manheim Blvd. Suite 9 • New Paltz, NY 12561-2443 • Telephone: 845-257-3976 • Fax 845-257-4412



My bi-weekly deduction will be (Minimum \$1.00):

\$1.00 \$2.00 \$3.00 \$4.00 \$5.00 Other: \$ _____

Please designate my gift to:

Fund for New Paltz Other: _____

DONOR'S PAYROLL OFFICE USE ONLY

SUNY NEW PALTZ FOUNDATION CODE # 831

SUNY NEW PALTZ AGENCY CODE # 28210

ORGANIZATION'S AGENCY CODE #: _____

BI-WEEKLY DEDUCTION START DATE: ____/____/____

Employee Classification: New York State County (NY) Municipal (NY)

For more information, please contact the Annual Giving Office at SUNY New Paltz at (845) 257-3976.

Your Name _____ Class Year _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ E-mail _____

Employer _____

Job Title _____

Address _____

City _____ State _____ Zip _____

I have authorized my organization's Payroll Office to have my annual tax deductible contribution to SUNY New Paltz Foundation automatically deducted from my bi-weekly paycheck. I understand that this deduction will remain in effect until I notify my payroll office of its termination.

Signature: _____ Date: ____/____/____