



**PSU  
Foundation**  
PORTLAND STATE UNIVERSITY

# Payroll Deduction Authorization

Name

Mailing Address

City

State

Zip

PSU ID

Home Phone

Campus Phone

**I would like my monthly deduction credited to:**

University-wide Fund

College school, department, program

Other (please specify):

**Authorization:**

As provided under ORS 292.043, I authorize the monthly deduction from my salary of the amount listed below to be disbursed to the PSU Foundation as designated in the adjacent column. If no "ending date" is indicated, the monthly payroll deduction will continue until I provide written notice to the Payroll Office.

Monthly payroll deduction amount: \$

.00

Starting date

Ending date (optional)

Signature

Date

**Monthly Deduction**

**Annual Contribution**

\$

5  
10  
15  
20  
25  
50  
75  
100  
150

\$

60  
120  
180  
240  
300  
600  
900  
1,200  
1,800

**Please mail this form to the PSU Foundation mail code FOUND. Retain a copy for your records. Thank you!**

**FOR PAYROLL OFFICE USE ONLY**

Input date

By

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_