



INITIATE PAYROLL DEDUCTION AUTHORIZATION FORM

Please complete this form to initiate a payroll deduction. If you wish to change or terminate your existing payroll deduction(s), please use the Change/Terminate Payroll Authorization Form.

Employee Name: _____ Employee ID: _____
Address: _____
City, State, Zip: _____
Work Email: _____ Work Phone: _____

Monthly Payroll	Total Pledge \$ _____
Amount to be deducted each month: \$ _____	
Starting Date: _____ (mm/yy)	
Number of Installments:	
12 (1 year)	48 (4 years)
24 (2 years)	60 (5 years)
36 (3 years)	72 (6 years)

Bi-weekly Payroll	Total Pledge \$ _____
Amount to be deducted each pay period: \$ _____	
Starting Date: _____ (mm/dd/yy)	
Number of Installments:	
26 (1 year)	104 (4 years)
52 (2 years)	130 (5 years)
78 (3 years)	156 (6 years)

Pledge distribution(s) per pay period: **Split evenly:** **No** **Yes**
(If yes, check the designations that apply or fill in other designations)

\$ _____ The Wake Forest Fund
 \$ _____ The Wake Forest Fund for the College
 \$ _____ The Wake Forest Fund for the School of Law
 \$ _____ The Wake Forest Fund for the School of Divinity
 \$ _____ The Wake Forest Fund for the Graduate School
 \$ _____ The Wake Forest Fund for the School of Business
 \$ _____ The Wake Forest Fund for Student Aid
 \$ _____ The Wake Forest Fund for the ZSR Library
 \$ _____ Deacon Club

Other:
 Amount: \$ _____ Designation: _____
 Amount: \$ _____ Designation: _____
 Amount: \$ _____ Designation: _____
 Amount: \$ _____ Designation: _____
 Amount: \$ _____ Designation: _____

Comments: _____

Signature: _____ Date: _____