



Office of Institutional Advancement  
Payroll Deduction Form

Employee ID: \_\_\_\_\_ Banner (VNumber): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Location: \_\_\_\_\_

VSU Department: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

**Payroll Deduction Options (Select only one option):**

One Time Deduction of: \$ \_\_\_\_\_.

Recurring Deduction: (select one)  Monthly  Semi-monthly  Continuous\*

Recurring Deduction Amount: \$ \_\_\_\_\_

Starting on \_\_\_\_\_ (date) and ending on \_\_\_\_\_ (date)

Until total amount of \$ \_\_\_\_\_ is reached.

\*Donor will notify the Office of Institutional Advancement in writing to cancel continuous deduction.  
Deduction will begin on the next payroll cycle after the form is submitted to the Payroll Office.

Designation(s): \_\_\_\_\_

For multiple designations, indicate the deduction amount for each fund.

*I authorize Virginia State University Payroll Office to deduct the amount indicated above in the manner and timeframe outline. I understand if there are any changes, I will notify the Office of Institutional Advancement in writing.*

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed forms should be returned to the Office of Institutional Advancement.



## Office of Institutional Advancement Recurring Giving Options

TOTAL PLEDGE AMOUNT	MONTHLY INSTALLMENT	SEMI-MONTHLY INSTALLMENT
\$250	\$20.83	\$10.42
\$500	\$41.66	\$20.83
\$1,000	\$83.33	\$41.67
\$1,500	\$125.00	\$62.50
\$2,500	\$208.33	\$104.17
\$5,000	\$416.66	\$208.33
\$10,000	\$833.33	\$416.67

TOTAL PLEDGE AMOUNT	BI-WEEKLY INSTALLMENTS
\$250	\$9.62
\$500	\$19.23
\$1,000	\$38.46
\$1,500	\$57.69
\$2,500	\$96.15
\$5,000	\$192.31
\$10,000	\$384.62