



OFFICE OF INSTITUTIONAL ADVANCEMENT
VSU ATHLETIC BOOSTERS CLUB
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: Athletic Booster Club Membership Level: _____

Benefit Information

[] I decline all membership benefits.

[] I decline all Basketball Game benefits.

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
VSU ATHLETIC BOOSTERS
ACH/EFT GIVING FORM

I authorize Virginia State University to initiate deductions in the amount, frequency and from the bank account indicated at the Financial Institution named below. I understand that any changes to this form (including designation changes, timeframe, amount or frequency) must be submitted in writing.

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

EMAIL: _____

PHONE: _____

EMPLOYER: _____

CLASS YEAR: _____

BANK INFORMATION:

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: [] CHECKING [] SAVING

GIFT INFORMATION:

[] TOTAL GIFT AMOUNT: _____ START DATE: _____

[] EACH DEDUCTION AMOUNT: _____ [] RENEW ANNUALLY

FREQUENCY: [] MONTHLY [] BI-MONTHLY

DESIGNATION: VSU Athletic Booster Club Membership LEVEL: _____

BENEFIT INFORMATION

[] I decline all membership benefits. [] I decline all Basketball Game benefits.

This authorization will remain in full force and effect until Virginia State University has received written notification. Gifts will be acknowledged by Virginia State University to the name and address listed on this form.

SIGNATURE: _____ DATE: _____

IA OFFICE USE ONLY:
BANNER ID: _____ GIFT ENTRY & DATE: _____



OFFICE OF INSTITUTIONAL ADVANCEMENT
VSU ATHLETIC BOOSTERS
Recurring Giving Options

Seven Month Payment Plan

TOTAL PLEDGE AMOUNT	MONTHLY INSTALLMENT	SEMI-MONTHLY INSTALLMENT
\$500	\$71.43	\$35.72
\$1,250	\$178.57	\$89.29
\$1,500	\$214.29	\$107.14
\$2,500	\$357.14	\$178.57
\$5,000	\$714.29	\$357.14

Eight Month Payment Plan

TOTAL PLEDGE AMOUNT	MONTHLY INSTALLMENT	SEMI-MONTHLY INSTALLMENT
\$500	\$62.50	\$31.25
\$1,250	\$156.25	\$78.13
\$1,500	\$187.50	\$93.75
\$2,500	\$312.50	\$156.25
\$5,000	\$625.00	\$312.50

Nine Month Payment Plan

TOTAL PLEDGE AMOUNT	MONTHLY INSTALLMENT	SEMI-MONTHLY INSTALLMENT
\$500	\$55.56	\$27.78
\$1,250	\$138.89	\$69.44
\$1,500	\$166.67	\$83.33
\$2,500	\$277.78	\$138.89
\$5,000	\$555.56	\$277.78

For additional monthly payment plans, contact the Office of Institutional Advancement.