

PAYROLL CONTRIBUTION FORM

I would like to make/change a contribution to ENC through payroll deductions as follows:

Name (please print) _____

Fund Name _____

Current Contribution Amount \$ _____

New Contribution/Revision Amount \$ _____ *

*Total amount to be withheld each pay period.

- Check here to start the contribution upon receipt by Payroll in the next pay and continue contribution until notified otherwise.

OR

- Beginning date _____ Ending date _____

Signature _____ **Date** _____

Thank you for your support of ENC through this payroll gift.
Please return this completed form to the Office for Institutional Advancement.

For IA Use Only

Designation Code _____

Recurring Donation ID _____

GL Number _____

Payroll GL 10 00 000000 23042 00

*Reviewed by _____

*Date Recorded _____

*Only required fields for payroll revisions.

For Payroll Use Only

Reviewed by _____

Date Recorded _____

Deduction Code _____