

## Authorization for Payroll Deduction

ame:	-		
anner ID#:			
ome Address:			
ome Phone: 0	Office Phone:	_	
-mail address:			
esignation			
the period beginning	and ending	, in equal amounts of \$  t \$ each pay period unti	
Deductions are designate	ed to be deposited in the foll	owing account(s):	
Children's Center Endo	wment		
President's Club			
President's Golf Tourna	ament		
Music Department			
Performing Arts Series			
Other academic depart	ments please specify:		
Employee Signature		_ Date	
Send form to, or contact:	LaVern Robinson		
Office for Advancement,	801 Leroy PI, Socorro, NM 87	7801	
(575)-835-5616 or <u>lavern.</u>	<u>robinson@nmt.edu</u>		
Approved by:		Date:	
Form Updated: 9-24-201	8		