

Authorization for Payroll Deduction

Name:
Banner ID#:
Home Address:
Home Phone: Office Phone:
E-mail address:
Designation
 A) I hereby authorize payments not to exceed \$, in equal amounts of \$, for the period beginning and ending B) I authorize the deduction of the following amount \$ each pay period until I notify otherwise.
Deductions are designated to be deposited in the following account(s):
Children's Center Endowment
President's Club
President's Golf Tournament
Music Department
Performing Arts Series
Other academic departments please specify:
Employee Signature Date
Send form to, or contact: Elena Taylor
Office for Advancement, 801 Leroy PI, Socorro, NM 87801
(575)-835-5616 or elena.taylor@nmt.edu
Approved by:
Date: Form Updated: 6-29-2021