



PAYROLL DEDUCTION FORM

Please mark one of the following:

I am a new payroll donor This is an addition to current deductions This replaces current donations

Name: _____ Otter ID: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Department: _____ Email: _____ Phone Number: _____

Gift information:

Amount to be deducted per pay period: \$_____.

Designation:

- Annual Fund
Athletics
Basic Needs
College/School (specify): _____
Department (specify): _____
Other (specify): _____

To view a list of designations, please visit this Google sheet.

Continue deductions until:

ongoing OR specific date: _____ OR Max Amount: _____

Deductions begin the first pay period after this form is processed and continue until you notify us of a change and it is processed (please allow up to four weeks).

I certify that I am an employee of the California State University, Monterey Bay or the CSUMB Foundation and understand that separating from CSUMB will cancel all deductions made under this authorization.

Signature: _____ Date: _____

Please return completed form via Adobe Sign or email to: Natasha Harbert (nharbert@csumb.edu)

Thank you for your support!