

University of Texas Medical Branch
301 University Boulevard
Galveston, TX 77555-0148

FACULTY – STAFF PAYROLL DEDUCTION GIFT AUTHORIZATION

Submit to: The Development Office Route: 0148

I authorize a continuous, payroll deduction in the amount shown below to be deposited within the University of Texas Medical Branch.

Name (please print): _____

Employee ID#: _____

Home Address: _____

Work Phone: _____

City, State, Zip: _____

Route: _____

Home Phone: _____

One Time Payment

Limited Number of Payments

Continuous Payments

Amount of pay period deduction per month: \$ _____*

Effective Date of deduction: _____

End Date of deduction (if applicable): _____

Total Deduction: _____

Please check: Monthly Paycheck Bi-Weekly Paycheck

Fund/Account _____

I understand that the continuous pay period deduction will continue until I notify the WCR Department or The Development Office or by email, of my desire to cancel this deduction.

Signature

Date

NOTE: Payroll deductions are made from 12 pay periods annually. This means that the money will be deducted from the monthly paychecks or from the second check in the pay period for bi-weekly employees.

Please complete this form and return:

Via email: development@utmb.edu

Via campus mail: Route 0148

Questions? Call Development Services at 409-772-5136.