



## PAYROLL DEDUCTION FORM

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department: \_\_\_\_\_ Phone number or Ext: \_\_\_\_\_

*I hereby authorize the State Controller to deduct from my salary and transmit as designated an amount for a gift to the university, membership dues, and any benefit program for which I have applied is sponsored by the above employee organization or the CSUB Foundation.*

**Amount to be deducted per pay period: \$ \_\_\_\_\_.**

**The estimated processing time for Payroll deduction is 6 weeks, this gift will start upon the next pay period after processing is complete.**

This authorization will remain in effect until I choose to cancel my gift commitment through the State Controller's office. Please contact University Advancement for information regarding cancellation.

**If you prefer to make your secure gift online, please visit <https://give.csub.edu/studentssuccess.shtml>.**

Types of Deductions:

- |  |   |
|--|---|
| <input type="checkbox"/> CSUB Fund       | <input type="checkbox"/> Student Emergency Fund |
| <input type="checkbox"/> Food Pantry     | <input type="checkbox"/> Study Abroad Program   |
| <input type="checkbox"/> Roadrunner Club | <input type="checkbox"/> Veterans Center        |
|  | <input type="checkbox"/> Other _____            |

*(University Advancement will contact donors regarding any non-existing funds)*

I wish to make my gift in honor of \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Cashier / Advancement Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Ded/Org Code: \_\_\_\_\_ Pledge #: \_\_\_\_\_

**Please return completed form to:**  
Division of University Advancement, 19AW  
Office 661-654-2136

Thank you for your support. Contributions to the CSUB Foundation are deductible as provided by law. You will receive a gift receipt noting the tax deductible portion of your gift less the value (if any) of benefits received.

The State Controller's Office requires your Social Security number in order to process this payroll deduction. All measures will be taken to ensure the confidentiality of this information. Samantha Scoles, Gift Processor in University Advancement, will be in touch with you regarding obtaining your Social Security number once we receive this form. Samantha can be reached at 661.654.2025.