UT Tyler
THE UNIVERSITY OF TEXAS AT TYLER

PAYROLL DEDUCTION ELECTION FORM

Instructions: 1) Fill in the employee information requested; 2) Enter where you want your donation to go in the Gift Designation field and enter the $ amount you want to come out monthly or at one time; 3) Check the box next to the type of gift you are making: a One-Time gift comes out of your check all at once, a Recurring Gift comes out every month, and a Monthly Gift with End Date comes out every month but ends with the last paycheck date you specify; 4) Check the box agreeing to the terms and sign the form.

SOM Departments

- Anesthesiology and Perioperative Medicine
- Cardiovascular and Thoracic Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Neurology
- Neurosurgery
- Pediatrics
- Preventative and Environmental Medicine
- Psychiatry
- Surgery
- Women's Health

Employee Information

Employee Name: Susie Que
Employee ID: 0001234
Email: sque@uttyler.edu
Department: Advancement
Mailing Address: 123 Home Dr
City, State Zip: Tyler, TX 75703

Gift Information

Gift Designation	Cost Center	Campus	Monthly/One-Time Amount ($)
SOM Scholarship	leave this blank	HSC	41.66
Department of _____	leave this blank	HSC	41.66

Payroll Deduction Information

☐ **One Time Gift**

Note: Use this for a one time gift.

Amount $: 5,000.00
Paycheck Date to Pay: 1.1.26

☐ **Recurring Gift**

Note: Use this for ongoing payroll deductions. You can end at any time.

Total Monthly Amount $: 83.32
Paycheck Date to Start: 1.1.26

☐ **Monthly Gift with End Date**

Note: Use this if you have a set amount you plan to give in a set amount of time.

Total Monthly Amount $: 83.32
Paycheck Date to Start: 1.1.26
Paycheck Date to End: 1.1.30

☐ I accept that this form must be received two (2) weeks before the intended deduction month. **AUTHORIZATION FOR PAYROLL DEDUCTION**: I voluntarily authorize the monthly or one-time deduction from my after-tax wages for a charitable contribution as indicated above. I also understand that I may revoke this authorization at any time by giving my payroll office a written notice.

Employee Signature: Susie Que **Date:** 11.1.25

Gift Processor Signature: _____ **Date:** _____

Payroll Signature: _____ **Date:** _____