



AUTHORIZATION FOR PAYROLL DEDUCTION OF CONTRIBUTIONS TO CASE WESTERN RESERVE UNIVERSITY

I HEREBY AUTHORIZE PAYMENTS TOWARD MY TOTAL PLEDGE OF \$ TO BE DEDUCTED MONTHLY IN EQUAL INSTALLMENTS OF \$ (number) (monthly amt.)

STARTING WITH THE PAY PERIOD.* (month/year)

*The deduction for CWRU employees paid on a semi-monthly basis will be taken from the last pay period each month.

PURPOSE:

DESIGNATION:

Annual Fund

School/College (please specify)

Other: (please specify)

Account Number: (if known, please specify)

PLEASE TYPE OR PRINT:

NAME:

EMPLOYEE ID#:

HOME ADDRESS:

DATE:

SIGNATURE:

If Case alum, please list school(s) and year(s):

PLEASE COMPLETE THIS FORM AND RETURN TO:

CINDY CREEGAN, Executive Director University Relations, Information Services BioEnterprise #400, Loc. Code 7035 368-8552, FAX x4619 cjc8@case.edu