

# Oklahoma State University

## PAYROLL DEDUCTION AUTHORIZATION FORM Benefiting



NAME (Please Print): \_\_\_\_\_

OSU DEPT ADDRESS: \_\_\_\_\_ WORK PH. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME PH. \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

EMAIL: \_\_\_\_\_

Campus Wide ID: \_\_\_\_\_

MONTHLY DEDUCTION AMOUNT: \$ \_\_\_\_\_

MY DEDUCTION IS TO:

( ) continue until further notice OR

( ) continue until \$ \_\_\_\_\_ (pledge amount) has been deducted.

I understand that this form authorizes OSU Payroll to withhold from my salary and/or wages the designated amount per month. I also understand the designated amount will be deposited with the Stillwater Public Education Foundation (the month following the deduction) to benefit the designated programs of the foundation.

**THANK YOU FOR YOUR TAX-DEDUCTIBLE DONATION!**  
*Stillwater Public Education Foundation is a 501(c)(3) non-profit foundation.*  
*(A receipt will be provided to you at the end of each calendar year.)*

\_\_\_\_\_  
AUTHORIZATION SIGNATURE

\_\_\_\_\_  
DATE

PLEASE FORWARD COMPLETED FORM TO:  
Stillwater Public Education Foundation,  
P.O. Box 286, Stillwater OK 74076  
For questions, contact either of the following:  
OSU Payroll Services, 744-6372 or [payroll.services@okstate.edu](mailto:payroll.services@okstate.edu)  
SPEF, 707-5006 or [spef@stillwaterschools.com](mailto:spef@stillwaterschools.com)