



NEIU FOUNDATION PAYROLL DEDUCTION AND TERMINATION AUTHORIZATION

Name: _____

NEIU Department: _____

Yes! I want to support Northeastern Illinois University...

→ Through a payroll deduction gift of \$ _____ per pay period (\$5 minimum, whole dollars only)

Please complete and return this form to the NEIU Foundation and Payroll. A copy will be returned to you for your records.

→ Check here if you are on 12 month pay • Check here if you are on 9 month pay

NEIU I.D. Number: _____

Authorization / Termination of Payroll Deduction

I hereby authorize a deduction in the amount indicated above to be withheld from my pay in