



**CHICAGO STATE
FOUNDATION**

Payroll Deduction Authorization

I hereby authorize the following deduction be withheld from my paycheck

Deduction per pay period (minimum \$10):

Effective Date:

To be applied to:

Foundation Operating Fund

General Scholarship Fund

Other (limit of two funds):

Employee Name:

CSU ID:

Home Address:

City:

State:

Zip:

Signature:

Please return to Chicago State Foundation Office – ADM 126 or scan and send to ktrisket@csu.edu

Received by (to be signed by Foundation staff):

Date: