

Employee Payroll Authorization Increase Form

I hereby request that the payroll deduction sent to the SMSU Foundation be increased by \$_____, totaling \$_____ per pay period to the designation of:

_____ Southwest Fund

_____ Other (please specify below)

I understand that said deductions may be initiated, changed, or revoked only by my written permission.

Date

Employee Name (Print)

Employee Signature

Please return this form to: SMSU Foundation, 2nd Floor of Founders Hall or SMSU.Foundation@smsu.edu