

I would like to:

Enroll in payroll deduction

Change payroll deduction

Cancel payroll deduction

Personal Information:

First Name:

Last Name:

Social Security No. (required for payroll deduction):

Home Address:

City:

Zip:

Mobile Phone:

Division: Academic Affairs

Admin. and Finance

HRDI

IT

Student Affairs

UA

Department:

Office Phone:

Check all that apply: Faculty

Staff

Emeritus/a

FUND NAME	ACCOUNT	AMOUNT
Titan Fund (<i>university's greatest needs</i>)	91610	\$
College of the Arts	40000	\$
College of Communications	60000	\$
College of Education	85000	\$
College of Engineering and Computer Science	20000	\$
College of Health and Human Development	80000	\$
College of Humanities and Social Sciences	30000	\$
College of Natural Sciences and Mathematics	70000	\$
Mihaylo College of Business and Economics	10000	\$
University Library	97600	\$
Titan Athletics Fund	95980	\$
Other (<i>search for a fund at giving.fullerton.edu</i>)		\$
Other (<i>continue</i>)		\$
TOTAL		\$

I hereby authorize California State University, Fullerton to deduct the total amount listed above each pay period. I understand that this payroll deduction, change or cancellation request will take effect in 4 to 8 weeks from the date received by University Advancement.

Signature

Date