



Southwest Minnesota State University Employee Payroll Authorization

I hereby request that the payroll deduction sent to the SMSU Foundation be \$_____ per pay period.

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

Date Employee Name (Print) Employee Signature

I wish to have my gift used:

_____ Where needed most at the University (Southwest Fund)

_____ For a designated purpose (please specify below)