

## 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)

**Please return this form to: SMSU Foundation, Founders Hall 223 or [Foundation@smsu.edu](mailto:Foundation@smsu.edu)**