



UNIVERSITY OF SOUTH DAKOTA

The University of South Dakota Payroll Deduction Authorization

TO: The University of South Dakota Foundation University Exchange

I, (print name) _____, authorize the University of South Dakota to make monthly payroll deductions of \$_____ per month for _____ months beginning _____, as my contribution to the University of South Dakota Foundation.

This results in a total pledge of \$_____.

Designate fund(s) below:

Employee Signature USD Banner ID# Date

Email _____

Department Campus Address Campus Phone

Home address Home Phone

I am not paid over a 12 month time period. My pay schedule is _____.