FACULTY & STAFF PAYROLL DEDUCTION FORM

1 CONTACT INFORMATION

NAME ____________________________ BANNER ID ____________________________

CPO ____________________________ EXTENSION ____________________________ EMAIL ____________________________

2 GIFT INFORMATION

My gift will support the following:
You may split your gift across multiple areas by indicating dollar amounts below.

$_____/month to Scholarships - 994048
$_____/month to University Excellence Fund (Unrestricted) - 994025
$_____/month to The Student Emergency Fund - 994029
$_____/month to Athletics - 994075
$_____/month to Other: _______________________________________________

$______ TOTAL

3 PAYROLL DEDUCTION

Do you already have a payroll deduction in place?

☐ Yes, please update my existing commitment. This enrollment supersedes any prior commitments.
☐ No, this is a new commitment.

Begin the payroll deduction:

☐ On the ________ pay period and continue until further notice.
☐ On the ________ pay period and end it ________.

4 AUTHORIZATION

I hereby authorize the Payroll Office of the University of North Carolina at Asheville to deduct the total amount indicated in Section 2 from my check each pay period to support the designated UNC Asheville programs.

SIGNATURE __________________________________ DATE ______________________

To discontinue a deduction, email Advancement Services (hgarr@unca.edu or charrels@unca.edu) with written instructions to stop the deduction.

MAIL COMPLETED FORM TO:
Advancement Services
CPO #3800

THANK YOU
for supporting
UNC Asheville students!

giving@unca.edu
828.250.3924
giving.unca.edu