RHODE ISLAND COLLEGE FOUNDATION

Kauffman Center
600 Mt Pleasant Ave.
Providence, RI 02908
401-456-8460

PAYROLL DEDUCTION
AUTHORIZATION / CANCELLATION
REQUEST FORM

EMPLOYEE NAME (LAST/FIRST/MIDDLE): _____ / _____ /_____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST 4 DIGITS SS#:

_____

AUTHORIZATION

I HEREBY AUTHORIZE $_____ BE DEDUCTED FROM EACH PAY PERIOD AND CONTRIBUTED TO

THE RHODE ISLAND COLLEGE FOUNDATION, AS DESIGNATED BELOW:

GIVING DESIGNATIONS	FUND #	AMOUNT
Rhode Island College Annual Fund	84012	$_____
Other _____		$_____

I WANT MY SUPPORT TO BENEFIT:

- ☐ Where it's most needed (UNRESTRICTED)
- ☐ Faculty of Arts and Sciences
- ☐ School of Business

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- ☐ School of Nursing
- ☐ Feinstein School of Education and Human Development

- ☐ First in Family Fund
- ☐ Alumni Scholarships
- ☐ Other

PAYROLL DEDUCTION OF $_____ PER PAY PERIOD WILL CONTINUE UNTIL FURTHER NOTICE.

SIGNATURE: _____ EFFECTIVE DATE: _____

CANCELLATION

PLEASE STOP DEDUCTING $_____ FROM MY SALARY EACH BIWEEKLY PAY PERIOD EFFECTIVE THE NEXT PAY

PERIOD, OR ON THE FOLLOWING PAY DATE AS SPECIFIED: _____.

SIGNATURE: _____ EFFECTIVE DATE: _____

• •DO NOT WRITE BELOW THIS LINE• •

To: State of Rhode Island /Department of Administration/Office of Accounts and Control

Social Security #: _____ - _____ - _____   Payroll Account #_____

FINANCIAL INSTITUTION: CITIZENS BANK   F/A/O RHODE ISLAND COLLEGE FOUNDATION   BANK ROUTING NUMER: 011500120