



PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION REQUEST

Employee Name (last/first/middle): _____ / _____ / _____

Mailing Address: _____ Last 4 digits SS#: _____

City: _____ State: _____ Zip Code: _____

I hereby authorize \$_____ be deducted from each pay period and contributed to the Rhode Island College Foundation as designated below:

<u>GIVING DESIGNATIONS</u>	<u>FUND #</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Payroll deduction of \$_____ per pay period will continue until further notice .

Signature: _____ Effective Date: _____

PAYROLL DEDUCTION 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

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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