

BINGHAMTON UNIVERSITY
FOUNDATION

Binghamton University Foundation
Payroll Deduction Authorization

Name _____ Class Year _____
If Binghamton graduate

Department/Location _____ Campus Extension _____

Home Address _____

*Please complete both sections
and return **entire** form to:
Binghamton University Foundation
PO Box 6005
Binghamton, NY 13902-6005*

To ensure proper credit for charitable contributions, please check appropriate boxes:

| | |
|--|--|
| <p>I wish to:</p> <p><input type="checkbox"/> Start payroll deduction: Bi-weekly amount \$ _____</p> <p><input type="checkbox"/> Change bi-weekly deduction: Current deduction is \$ _____ Change to \$ _____</p> <p><input type="checkbox"/> Cancel payroll deduction</p> <p>Is this a joint gift?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes _____ <i>Spouse/Partner's Name</i></p> <p>Please note:</p> <ul style="list-style-type: none"> • Payroll deduction will continue until you send written notice directly to your appropriate payroll office requesting the deduction be discontinued, or until you submit a new form to the Foundation Office with the "Cancel" option selected. • If you wish to change your bi-weekly payroll deduction <i>amount</i>, you must file a new authorization form with the Foundation Office. If you wish to change only your gift account <i>designation</i>, contact the Foundation Office at x7-6929. • You will receive an official tax receipt letter each January from the Binghamton University Foundation acknowledging your cumulative payroll deduction giving for the previous tax year. • Unless otherwise noted in your annual payroll deduction tax receipt letter, no goods or services in whole or partial consideration are provided for contributions made to the Binghamton University Foundation by payroll deduction. | <p><input type="checkbox"/> Direct my Binghamton Fund giving to:</p> <p>\$ _____ Where the need is greatest at Binghamton University</p> <p>\$ _____ Harpur College of Arts and Sciences</p> <p>\$ _____ College of Community and Public Affairs</p> <p>\$ _____ Decker School of Nursing</p> <p>\$ _____ Graduate School of Education</p> <p>\$ _____ School of Management</p> <p>\$ _____ School of Pharmacy and Pharmaceutical Sciences</p> <p>\$ _____ Watson School of Engineering and Applied Science</p> <p>\$ _____ Anderson Center for the Performing Arts</p> <p>\$ _____ Athletics</p> <p>\$ _____ Campus Enhancement</p> <p>\$ _____ Graduate Studies</p> <p>\$ _____ Research and Technology</p> <p>\$ _____ Student Life</p> <p>\$ _____ University Art Museum</p> <p>\$ _____ University Libraries</p> <p><input type="checkbox"/> Other _____ <i>Department or Fund/Account #</i></p> <hr/> <p>Foundation use only: Note _____</p> <p>_____</p> <p>Date _____ Millennium ID# _____</p> |
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Top portion will be returned to employee as confirmation

BINGHAMTON UNIVERSITY
FOUNDATION

New York State and Research Foundation
Payroll Deduction Authorization

Employer (must check one): SUNY Research Foundation

Employee Name _____ B# _____
First M.I. Last

Agency STATE UNIVERSITY OF NEW YORK AT BINGHAMTON Agency Code 2802

START CHANGE CANCEL

Effective Date _____ Bi-weekly Amount \$ _____ Code 822

Campus Related Foundation BINGHAMTON UNIVERSITY FOUNDATION

To the State Controller or the Research Foundation of SUNY Binghamton Payroll Office:

Pursuant to section 201 of the State Finance Law, I hereby authorize you to deduct from each of my bi-weekly salary checks the deduction amount shown, for the purpose of my contributing to a campus-related foundation, and to transmit such withholding amount to the designated provider. I understand that this authorization may be revoked at any time by written notice filed with my state payroll office or the Research Foundation payroll office.

Signature of Employee _____ Date _____

Bottom portion will be forwarded to SUNY or Research Foundation Payroll Office