Binghamton University Foundation
Payroll Deduction Authorization

Date_______________________________

Employee Name_____________________________________________________________

Agency_________________________________________________________  

Agency Code________________________________________

Effective Date___________________________ Bi-weekly Amount $____________________________  Code____________________________

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_____________________________________________________________ 

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#___________________________

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