



ASMSA Foundation Employee Giving

Authorization Agreement Form for Preauthorized Deduction

NAME and Department (print)

Employee ID Number

____ **New** PAYROLL DEDUCTION Enrollee (complete entire form)

Payroll Deduction (per pay period)

\$ _____

____ **Change** PAYROLL DEDUCTION (please check gift below)

Current Deduction Amount (per pay period)

\$ _____

New Deduction Amount (per pay period)

\$ _____

____ **NO Change** (please check gift below for records)

Current Deduction Amount (per pay period)

\$ _____

Please designate where to direct your gift:

☐ Greatest Need

☐ Residential Student Support

☐ Arts & Humanities Department

☐ Daniel A. Benton Award

☐ Creativity and Innovation Complex

☐ Global Learning

☐ Mathematics Department

☐ Melanie Nichols Academic Award

☐ Computer Science

☐ Residential Student Excellence

☐ Science Department

☐ George Connor Mathematics Award

NOTICE

I hereby authorize and request Arkansas School for Mathematics, Sciences and the Arts to deduct the amount indicated from my payroll check and place it into the University of Arkansas Foundation, Inc. (ASMSA Foundation Fund). This authorization will remain in force until written notification of cancellation is received.

Signature of Employee

Date

Home Address

City

State

ZIP Code

Questions can be directed to the Office of Institutional Advancement – Sara Brown 501-622-5474

Return this completed form to the Office of Human Resources – Nia Rieves