

I would like to:

- Enroll in payroll deduction
 Change payroll deduction
 Cancel payroll deduction

Personal Information:

First Name:
 Last Name:

Social Security No. (required for payroll deduction):

Home Address:

City:
 Zip:

Mobile Phone:

Division:
 Academic Affairs
 Admin. and Finance
 HRDI
 IT
 Student Affairs
 UA

Department:
 Office Phone:

Check all that apply:
 Faculty
 Staff
 Emeritus/a

FUND NAME	ACCOUNT	AMOUNT
Titan Fund (<i>university's greatest needs</i>)	91610	\$
College of the Arts	40000	\$
College of Communications	60000	\$
College of Education	85000	\$
College of Engineering and Computer Science	20000	\$
College of Health and Human Development	80000	\$
College of Humanities and Social Sciences	30000	\$
College of Natural Sciences and Mathematics	70000	\$
College of Business and Economics	10000	\$
University Library	97600	\$
Titan Athletics Fund	95980	\$
Fullerton Arboretum	97300	\$
Other (search for a fund at giving.fullerton.edu)		\$
TOTAL		\$

I hereby authorize California State University, Fullerton to deduct the total amount listed above each pay period. I understand that this payroll deduction, change or cancellation request will take effect in 4 to 8 weeks from the date received by University Advancement.

Signature
 Date