



Authorization for **Employee** Payroll Deduction

Name: _____

Banner ID#: _____

Home Address: _____

Home Phone: _____

Office Phone: **x** _____

E-mail address: _____

Designation (**pick A or B**)

- A)** I hereby authorize payments not to exceed \$_____, in equal amounts of \$_____, for the period beginning _____ and ending _____.
- B)** I authorize the deduction of the following amount \$_____ each pay period until I notify otherwise.

Deductions are designated to be deposited in the following account(s):

Children's Center Endowment

President's **Golf Tournament**

Performing Arts Series

Where it's most needed (Annual Giving fund)

Student Scholarships (Friends of Tech fund)

Other academic **fund** - please specify: _____

Employee Signature _____ Date _____

Send form to, or contact: Office for Advancement, (575)-835-5**352** or advancement@nmt.edu

Advancement Office use only

Approved by: _____

Date: _____

Form Updated: 05-02-2023