



THOMPSON RIVERS
UNIVERSITY

Authorization for Payroll Deduction

The Foundation thanks you for your contribution that will help meet the financial need of students attending TRU.

Name: _____

Employee Number: _____ Phone: _____

Date to Commence: _____

Amount to deduct per pay: _____

Designation of Funds:

| | |
|--|--|
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| | |
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| | |

Example:

Amount to deduct per pay: _____ \$20.00 _____

Designation of Funds:

| | |
|-----------------------|--------|
| Foundation Open Award | \$5.00 |
| ESL | \$5.00 |
| Science | \$5.00 |
| EML | \$5.00 |

Signature: _____

Please return to the Foundation Office for processing

For Office use only

Date rec'd by Foundation: _____ Date sent to Finance: _____