



Texas A&M University-Texarkana
Payroll Deduction Authorization Form
"Feed an Eagle" Campaign - Eagle Food Pantry

Check Appropriate: New Enrollment Stop Enrollment Change Enrollment

Employee Name:	UIN:
Department:	Email:

"Feed an Eagle" Payroll Deduction (minimum of \$5.00 per month)

\$ _____ X 9 Months (Faculty Members Only) = \$ _____
\$ _____ X 12 Months = \$ _____
Monthly Contribution Total Annual Gift Amount

For more information about the Eagle Pantry, visit tamut.edu/eaglepantry.

*I voluntarily authorize the monthly deduction from my after-tax wages for a charitable contribution as indicated above. I understand that this authorization **renews automatically year to year** unless I revoke this authorization by giving the payroll office written notice.*

Employee Printed Name

Signature

Date

For Office Use Only: Date Received: _____ Effective Pay date: _____ Payroll Initials: _____
--

