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 to the Texas A&M University-Texarkana Eagle Food Pantry. I understand that this authorization will renew automatically unless I revoke this authorization in writing by completing the stop enrollment form and submitting it to the Payroll Office (payroll@tamut.edu).

__________________________________________ ___________
Signature Date

For HR/Payroll Office Use Only:
Date Received: _____________ Effective Pay date: ____________ Payroll Initials: _____