



VCFA
VERMONT
COLLEGE
OF FINE
ARTS

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Please complete the following:

Name:

_____ (please print clearly)

Mailing Address:

I hereby authorize the Vermont College of Fine Arts to deduct contributions in satisfaction of my gift to the college. This authorization is effective with my first payroll earnings following receipt and processing of this form. I understand that I may cancel this deduction at any time.

Employee Signature

Date

Payroll Deduction Authorization

I hereby authorize a payroll deduction for the Vermont College of Fine Arts:

\$ _____ as a one-time deduction \$ _____ per paycheck*

For recordkeeping, please indicate the total amount you wish to pledge: \$ _____*

* _____ (Initial) I understand that this authorization shall remain in effect until revoked by me in writing.

Credit my gift to:

The VCFA Fund

Other (please specify) _____.

Please return form to: Mary Welz, Director of Development, Room 301 College Hall

For Office Use Only			
Approved by: Development:	_____	_____	CFO: _____
	(initials)	Date	(initials) Date
Received in Payroll on:	_____ Credit to Account number: _____		

For more information, contact:
Mary L. Welz
Executive Director of Institutional Advancement x 8555