



Lock Haven University Foundation
Payroll Deduction Authorization Card

Employee Name _____

LHU ID _____

I hereby authorize the State System of Higher Education to (check one):

Start

Stop

Change

biweekly payroll deductions to the Lock Haven University Foundation.

Gift Designation:

- Annual Fund
- Student Scholarships
- Athletics

Designation: _____

College of Liberal Arts and Education

Designation: _____

College of Natural, Behavioral & Health Sciences

Designation: _____

College of Business, Information Systems & Human Services

Designation: _____

Biweekly Deduction Amount:
\$ _____

Employee Signature: _____

Date: _____

Payroll Office Use Only Effective Date : _____

Please return via campus mail to Human Resources

Copies: Payroll Office, LHU Foundation Office

Payroll Office J207 EC



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