

Payroll Deduction Form



PennState Health



PennState
College of Medicine

New Payroll Deduction Change Current Payroll Deduction Cancel Current Payroll Deduction

YOUR INFORMATION

Title: Dr. Mr. Ms. Mrs. Mx. _____ Employer: PSU COM Penn State Health _____

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____ PSU ID number* _____

Address _____ Department _____ Title _____

Penn State Graduate? Yes No Graduation Year: _____

I have included Penn State in my estate plan, to benefit Penn State Health or Penn State College of Medicine.

I am interested in receiving planned giving information.

* College of Medicine employees: Login to [WorkLion](#) and click on "employee profile" to obtain your PSU ID | Penn State Health employees: Login to [MySolutions](#) to obtain your PSU ID.

WHERE TO MAKE MY GIFT

Fund Designation Code	Amount per pay period*

TOTAL amount for all gifts per payroll deduction \$ _____

Question about where to make a gift? Email development@pennstatehealth.psu.edu

* Please use whole dollar figures for each gift; minimum payroll deduction \$5 per pay period

ACTION REQUIRED

I want to take the following action through payroll deduction:

Payroll Biweekly Monthly

- Make a one time gift through payroll deduction.
- Effective with my next pay, please deduct \$ _____ .00 per pay period.

(Please use whole dollar amounts)

PLEASE RETURN THIS FORM TO:

Office of Development
Mail Code HS20
P.O. Box 852
Hershey, PA 17033-0852

Signature _____ Date _____

This authorization shall remain in effect until you notify the Office of Development that you wish to change or stop the payroll deduction.