## EAST CENTRAL UNIVERSITY FOUNDATION, INC. Payroll Deduction Form

Name:	
Campus Phone #:	ECU ID #:
Are you on a 10-month or 12-month	salary schedule?
Effective payroll period:	
Amount of total monthly deduction:	
Limited time deduction – please stop	
(Deduction must span 3 months or lo	
Application of deduction (please be	specific):
General Scholarships:	yes Amount per month:
Departmental Scholarships:	yes Amount per month:
Departmental Fund	yes Amount per month:
Please list department or name	-
	duction will continue until oundation in writing.  Date:
Signature	Date.

Foundation use only: Copy made for Finance Office?\_\_\_\_\_\_ Initials/date:\_\_\_\_\_ Project:\_\_\_\_\_

June 2014