

THE ALUMNI ASSOCIATION of Indiana State University

Payroll Authorization

I hereby authorize the Payroll Office to withhold \$_____ per month from my salary to be deposited in the Alumni Association account in the ISU Foundation. The deduction is to become effective on _____ (date).

Signature _____

Printed Name _____

Social Security Number _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Payroll Deduction Schedule

Charter Life Member—\$500 (Single and Dual)	9 payment	\$55.55/pay period	<input type="checkbox"/>
	12 payments	\$41.66/pay period	<input type="checkbox"/>
	26 payment	\$19.23/pay period	<input type="checkbox"/>
Annual Single—\$30	9 payments	\$3.34/pay period	<input type="checkbox"/>
	12 payments	\$2.50/pay period	<input type="checkbox"/>
	26 payments	\$1.15/pay period	<input type="checkbox"/>
Annual Dual—\$40	9 payments	\$4.45/pay period	<input type="checkbox"/>
	12 payments	\$3.34/pay period	<input type="checkbox"/>
	26 payments	\$1.54/pay period	<input type="checkbox"/>



**Indiana State
University**

More. From day one.

Return this form to:
Alumni Affairs
Gillum Hall, room 102
812-237-3707