



PAYROLL DEDUCTION AUTHORIZATION

The undersigned hereby authorizes Maryville University to deduct the **total** amount, as indicated below, from my gross earnings.

Deduction will begin _____ (month/year) and end on _____ (month/year), as follows:

In payment for:

___ Saints for Haiti

All monies donated will go to the Albert Schweitzer Hospital in Port-Au-Prince, Haiti.

Recurring Amount:	Duration in Months:
\$ _____ . _____	X _____
Total \$ _____ . _____	_____

Signature

Today's Date

Printed Name

Maryville ID Number

Please return this form to the Payroll office in Gander Hall.

NOTE: Please keep a copy of this form for your records.