



O G L E T H O R P E
U N I V E R S I T Y

Payroll Deduction Authorization Form

Name: _____

Department/Title: _____

Home Address: _____

OU Phone: _____ OU Email: _____

Signature: _____ Date: _____

Sign me up for payroll deduction with contributions of:

\$ _____ amount per pay period beginning

Month/Date/Year

Designation

Please note that payroll deductions will continue automatically until discontinued by notifying the Development Office.

Name(s) for gift acknowledgement purposes:

I/we prefer to remain anonymous

Please return form to April Castro or Kristy Henry
Questions? Call 404-364-8328 or 404-364-8338