Cal State Fullerton® Payroll Deduction Form

I would like to (select one):

Enroll in payroll deduction   Change payroll deduction   Cancel payroll deduction

Personal information:

First Name:	Last Name:
Address:	City:
State:	Zip:	Email:
Mobile Phone:	Office Phone:
Department:	

Affiliation (select one):   Faculty   Staff   Both

FUND NAME	ACCOUNT	AMOUNT
Titan Fund *(university's greatest needs)*	91610	$
College of the Arts	40000	$
College of Communications	60000	$
College of Education	85000	$
College of Engineering and Computer Science	20000	$
College of Health and Human Development	80000	$
College of Humanities and Social Sciences	30000	$
College of Natural Sciences and Mathematics	70000	$
College of Business and Economics	10000	$
Fullerton Arboretum	93000	$
Titan Athletics Fund	95980	$
University Library	97600	$
Other:		$
Other:		$
Find your fund here: giving.fullerton.edu/search	TOTAL	$

I hereby authorize California State University, Fullerton to deduct the total amount listed above each pay period. I understand that this payroll deduction, change, or cancellation request will take effect in 4 to 8 weeks from the date received by University Advancement. Once the form is received, University Advancement will contact me to obtain my social security number in order to process the form.

Signature	Date