



**PAYROLL DEDUCTION AUTHORIZATION FORM  
FOR ILLINOIS STATE UNIVERSITY EMPLOYEES  
2018-19 Weisbecker Scholarship Fund**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Department \_\_\_\_\_ Office Phone \_\_\_\_\_

Campus Box \_\_\_\_\_ UID Number \_\_\_\_\_

Athletics ID#(if known) \_\_\_\_\_ email \_\_\_\_\_

Total Pledge Amount \$ \_\_\_\_\_ (Payroll Deduction Code #199)

Please deduct \$ \_\_\_\_\_ from each pay period beginning \_\_\_\_\_

Date

and ending when a total of \$ \_\_\_\_\_ has been deducted.

I am paid \_\_\_ Hourly \_\_\_ Exempt \_\_\_ Monthly

**Please make sure you have set your deduction amount so that your total pledge is paid in full before June 30, 2019.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

WSF Authorization \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to WSF Office, Campus Box 2660.**

**Form is not valid unless signed by WSF office**

***To ensure your WSF membership donations are accurate, it is important to complete a new payroll deduction form each year through the WSF office.***

Illinois State Athletics - Weisbecker Scholarship Fund  
213 Redbird Arena - Campus Box 2660 - Normal, IL 61790-2660  
Office: (309) 438-3803 Fax: (309) 438-3880 [www.GoRedbirds.com](http://www.GoRedbirds.com)

<i>For Office Use Only:</i>	<u>Pledge Information</u>
Fund # _____	Pledge Number _____
Pay period Start Date _____	Pledge Start Date _____
Pay period End Date _____	Pledge End Date _____
Notes to Payroll:	