



**ODOT Memorial Foundation
Oregon State Employee
Authorization for Payroll Deduction**

New Payroll Deduction:{ } Payroll Deduction Increase:{ } Cancel Payroll Deduction: { }

I hereby authorize a payroll deduction to be made from my salary as specified below:

NAME (please print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL: _____

Signature Date

RATE PER PAY PERIOD: (Ongoing Monthly Deduction)	\$ _____
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OTHER AMOUNT: (One Time Deduction)	\$ _____
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EMPLOYEE IDENTIFICATION NUMBER (EIN): _____

AGENCY: 73000 (ODOT) OTHER Agency Name/Number: _____

NOTE: Effective start date will be next pay cycle after the Payroll Office's receipt of this form.

Deduction Name: *Donation – ODOT Memorial Foundation*

Please complete the form and return to:

ODOT Memorial Foundation
PO Box 12577
Salem, OR 97309 - 0577