



# Donations – Payroll Deduction Agreement Form



## AUTHORIZATION AGREEMENT

*I hereby authorize OCAD University to deduct the amount listed under Total Gift/Pledge Amount, based on the schedule outlined, through payroll deductions in order to make contributions to the fund cited below.*

*This form will remain in effect for the duration of this agreement (as applicable), otherwise, until the end of calendar year, or until OCAD University receives a written notice of cancellation.*

## DONOR INFORMATION

EMPLOYEE NAME	Last	First
OCAD U ID NUMBER <i>(if applicable)</i>		CURRENT OCAD U TITLE

## DONATION INFORMATION

ANONYMITY	<input type="checkbox"/> I would prefer to keep my name anonymous <input type="checkbox"/> I would prefer to use my name for donor recognition <input type="checkbox"/> I would prefer to use a different name for donor recognition		
NAME FOR DONOR RECOGNITION <i>(if applicable)</i>			
DESIGNATION <i>(name of fund)</i>			
SCHEDULE	One-Time	Bi-Weekly	Monthly
TOTAL GIFT / PLEDGE AMOUNT		AMOUNT PER DEDUCTION	
EFFECTIVE DATE		END DATE <i>(if applicable)</i>	

## APPROVAL

EMPLOYEE'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## FOR OFFICE USE ONLY

GL ACCOUNT NUMBER \_\_\_\_\_

Please submit this completed form for processing to Karen Henry ([khenry@ocadu.ca](mailto:khenry@ocadu.ca), ext. 487 in Development).

**Thank you for your generosity and support. Your donation will be recorded on your T4 Slip.**