

**THE UNIVERSITY OF WEST FLORIDA
STAFF SENATE EMERGENCY FUND
PAYROLL DEDUCTION AUTHORIZATION**

Name (please print) _____ UWF ID#: _____

Effective Pay Date _____ Amount of biweekly deduction \$ _____

One time donation \$ _____

I hereby authorize The University of West Florida to deduct the amount listed from my salary as specified above. Biweekly deductions will remain in effect until changed or cancelled.

Employee's Signature Work Phone Number Date

Please cancel my deduction effective: _____.

Completed form should be submitted to: UWF Foundation Office, building 12.