Carroll College

PAYROLL DEDUCTION AUTHORIZATION FORM

Printed Name: _____
Employee ID #: _____

Monthly Deduction Amount: $_____ starting on _____ (month).

☐ I authorize this deduction for _____ months, for a total gift amount of $_____.
OR
☐ I authorize this as an ongoing monthly gift.

Gift Designation:
☐ Carroll College Fund
☐ Saints Scholarship Fund
☐ Other: _____
(please be specific i.e.: Saints Athletic Membership Fund, Specific Department Fund, Specific Endowed Fund)

Authorization

I understand that Carroll College Payroll Department will deduct the authorized monthly amount in equal installments from each applicable paycheck. I further understand that the deductions will be made until I request, in writing, that the deductions are to be discontinued.

Signature: _____ Date: _____

RETURN THIS COMPLETED FORM TO:
Kellie Dold, Senior Director of Development
St. Albert's Hall, Room 215
OR EMAIL A COMPLETED COPY TO:
kdold@carroll.edu

Thank You for the many ways you support Carroll College!

OUR MISSION YOUR IMPACT

Carroll College 2026-27 Campus Campaign

IMPACT
CARROLL COLLEGE
ANNUAL GIVING