

EMPLOYEE GIFT PAYROLL DEDUCTION FORM

(PLEASE TYPE OR PRINT. ALL INFORMATION IS REQUIRED)

TO BEGIN YOUR PAYROLL DEDUCTION,

SIMPLY COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO:

Office of Development NYIT de Seversky Mansion Room 206 Northern Blvd Old Westbury, NY 11568

NAME			NYIT ID#	
HOME ADDRESS (do not use NYIT campus	addresses) C	CITY	STATE	ZIP
NYIT EMAIL			PHONE	
DEPARTMENT			TITLE	
☐ I AUTHORIZE THE FOLLOWING PAYRO	LL DEDUCTION			
BEGINNING:	FNDING (Ontio	nal):	
BEGINNING: MONTH YEAR		C p a.o.	MONTH	YEAR
AMOUNT: \$ P	LEASE SELECT O	NE:	☐ EACH PAY PERIOD	☐ MONTHL
DESIGNATE MY GIFT TO THE FOLLOWING	FUND:			
Ex. Annual Fund, Department/School, Bea	r Bytes			
SIGNATURE			DATE	

A charitable tax receipt will be emailed to you in January for gifts given in the previous year.

Thank you for your support!