

**Bethel University Donation**

**Employee Payroll Deduction Change Form**

Employee Information

Name     **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ID

PO

Change Amount

*I wish to change my Bethel Annual Fund payroll deduction:*

Please begin / increase my monthly payroll deduction amount to $      beginning with the (month)       pay cycle.

Please direct my contribution to:

Bethel University where needed most (Annual Fund)

Other

Please decrease my monthly payroll deduction amount to $      beginning with the (month)       pay cycle.

Discontinue Deduction

Please discontinue my monthly payroll deduction beginning with the (month)       pay cycle.

Authorization

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return signed form to the Office of Human Resources on the 5th floor of the Anderson Center or as an attachment to [bethelhr@bethel.edu](mailto:bethelhr@bethel.edu). Contact the Office of Human Resources at 651-638-6119 or [bethelhr@bethel.edu](mailto:bethelhr@bethel.edu) if you have questions. Please keep a copy for your records. The change form must be received by the 15th of the month to be processed for that month’s pay cycle.