



Hardin Building, Room 201  
3410 Taft Boulevard  
Wichita Falls, Texas 76308  
Tel (940) 397-4539  
Fax (940) 397-4807

Give online: [www.msutexas.edu/annualfund](http://www.msutexas.edu/annualfund)

### Payroll Deduction Authorization Form

YES, I would like to support *Midwestern State University*. (\$2 monthly minimum)

with an **ongoing monthly** gift of: \$\_\_\_\_\_ until I notify University Development to change or terminate this deduction.

Begin deductions with my check received on: \_\_\_\_\_  
Month Year

I would like my gift to support:  
(You may choose for your gift to go to a specific program or department by choosing "other" and listing it)

- |  |   |
|--|---|
| <input type="checkbox"/> COVID-19 Student Emergency Fund | <input type="checkbox"/> McCoy College of Science, Math & Engineering           |
| <input type="checkbox"/> Canan Food Security Program     | <input type="checkbox"/> Dillard College of Business Administration             |
| <input type="checkbox"/> Mustangs Food Pantry            | <input type="checkbox"/> Fain College of Fine Arts                              |
| <input type="checkbox"/> University Greatest Needs       | <input type="checkbox"/> Gunn College of Health Sciences & Human Services       |
| <input type="checkbox"/> Scholarships                    | <input type="checkbox"/> Prothro-Yeager College of Humanities & Social Sciences |
| <input type="checkbox"/> Athletics Greatest Need         | <input type="checkbox"/> West College of Education                              |
| <input type="checkbox"/> Museum of Art                   | <input type="checkbox"/> McAda Graduate School                                  |
| <input type="checkbox"/> Moffett Library                 | <input type="checkbox"/> Flower Mound Excellence Fund                           |
| <input type="checkbox"/> Other: _____                    |   |

By completing this form, you authorize *Midwestern State University* to deduct your gift payments from your payroll check. Simply complete this authorization form and return to the address listed above or email to [melissa.miller@msutexas.edu](mailto:melissa.miller@msutexas.edu).

Please Print:

\_\_\_\_\_  
Name M#

\_\_\_\_\_  
Department Campus Phone Number

### Payroll Deduction Statement of Authorization *(will be kept on file at Midwestern State University)*

I authorize the *Midwestern State University* Payroll Department to deduct the amount indicated from my monthly salary to be paid to the *MSU Annual Fund*. This authorization shall remain in effect until I notify, in writing, the *Annual Fund* office that I wish to discontinue the regularly scheduled transfer of funds. Cancellation will take affect within one month of the request date.

A record of each charge will be included on my regular payroll stub. **Save that receipt for tax documentation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please keep a copy of this form for your records.** RETURN COMPLETED FORM TO THE UNIVERSITY DEVELOPMENT OFFICE (Hardin, Rm 201) or by email to [melissa.miller@msutexas.edu](mailto:melissa.miller@msutexas.edu).