

Southeastern Louisiana University Foundation

Payroll Deduction Authorization Form for Southeastern Employees

Please submit completed form to: Southeastern Foundation, SLU 10293, Hammond, LA 70402
Questions? Please call 985.549.2239.
Thank you for your generosity and for supporting Southeastern!

deposit in the So	re Southeastern Louisiana University butheastern Louisiana University Foundation (c) corporation. Contributions to the	undation. The Foun	dation is the primary fund rais	sing arm of the University and is	а
University and/or	waive on behalf of myself, my heirs, r the State of Louisiana (and any off ny other handling of the named volu	icer, employee, or a			
understand that	t this form supersedes and replaces	all prior authority fo	r Southeastern Foundation d	eductions.	
Signature:			Date:	W#:	
Employee Name	e (please print):				
	First		MI	Last	
Home Address:		City	<i>r</i> :	State: ZIP:	
	Business Ph				
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Monthly Amt (Faculty): _____ Biweekly Amt (Staff): ____ Pay period Beginning: _____ Vendor Name: DEVFND Paygrp: _____ Posted By: _____

This section is to be completed by the Office of Human Resources:

Cafeteria Plan Item: □ Yes □ No ✓ N/A