

The University of Texas Health Science Center at Houston

Authorization for Payroll Deduction

(\$25.00 minimum per pay period is recommended)

I authorize The University of Texas Health Science Center at Houston to initiate debit of my paycheck for the program indicated below. This authorization will remain in affect for the current fiscal year only.

I wish to make a TOTAL GIFT of \$_____ to the following program:

Gift Account Name_____

Gift Account Number_____

_____ I wish to pay this in the form of a ONE-TIME deduction, or

_____ I wish to pay this in the form of a twice-monthly deduction until the TOTAL is reached by fiscal year end.

Signature_____ Print Name_____

Date_____