

**Bryn Mawr College
Payroll Deduction Gift Election Form**

Please print clearly:

Employee Name:	
Bryn Mawr College ID#:	
Payroll Schedule:	<input type="checkbox"/> Paid Biweekly <input type="checkbox"/> Paid Monthly
Deduction Amount:	\$
Deduction Limit:	\$
Start Deduction:	Check Date: _____
End Deduction:	Check Date: _____

- I authorize Bryn Mawr College to deduct the above amount from my regular paycheck(s).
- I understand that if I do not have sufficient funds to cover the deduction, no deduction will be taken.
- I understand that I may change or stop this deduction at any time by notifying the Payroll Office in writing.

Employee Signature: _____ Date: _____

Please return completed form to Resources for processing: The form can be sent to Lisa Camma / lcamma@brynmawr.edu.

For Payroll Use Only

PR Deduction Code: GIFT	Effective Date:	Entered By/Date:
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