



PO Box A, Marlboro, Vermont 05344-0300
802-251-7624 Fax: 802-251-7687 Email: dev_office@marlboro.edu

Authorization Agreement for Payroll Deduction

Name _____

Street _____

City, State, Zip _____

Please check one: Faculty Staff

I hereby authorize Marlboro College to initiate payroll deduction(s) on a BIWEEKLY BASIS as a charitable gift to the college beginning (date) _____ in the amount of \$ _____

for a total gift of \$ _____ annually

Designation (check one):

- Unrestricted (where needed most)
- Designated: Strengthening the Student Experience
- Supporting a Sustainable Campus
- Other (specify) _____

Please check one:

- This authority will be ongoing and remain in effect until Marlboro College has received written notification from me of its termination.
- This authority will remain in effect until (date) _____

Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE DEVELOPMENT OFFICE