



The Aquinas Institute of Rochester

1127 Dewey Avenue ❖ Rochester, NY 14613 ❖ 585-254-2020

Payroll Deduction Authorization Form

Authorization Agreement

Complete this form and submit it to your Payroll Department for processing. On behalf of Aquinas, thank you for your support!

Name: _____

Home Address: _____

City, State & Zip: _____

Social Security No. _____

Email _____

Payroll status: Weekly Bi-weekly Monthly Other _____
Please specify

I hereby authorize the _____ to:
(Company Name)

Deduct \$ _____ each pay period until I notify you in writing to discontinue deductions.

OR

Deduct \$ _____ each pay period until my total gift is \$ _____.

OR

Deduct \$ _____ ONE TIME, from my next paycheck.

Please direct my gift to:

_____ The Aquinas Institute of Rochester **Annual Fund** (see address information at bottom of form).

OR

_____ The _____ **Fund at Aquinas.**

Employee Signature

Authorized Signature (Primary): _____ Date: _____

Please submit completed form to your Payroll Department.

To Be Completed By Payroll Department

Please Use the Following Information to Transfer Funds from the employee's paycheck to The Aquinas Institute of Rochester, per the employee's above stated directions.

Routing Number: **022000046**

Account Number:

**CONTACT AQUINAS AT
585-254-2020 x1064 TO
OBTAIN ACCT NUMBER**

Banking Institution: **M&T Bank**

Upon completion, fax a copy of this form to 585-647-8861 or mail it to
Aquinas Institute, Alumni Relations and Development Office, 1127 Dewey Avenue, Rochester, NY 14613
Questions? Contact the Office of Alumni Relations & Development at 585-254-2020 x1064