FRIENDS OF JOYNER LIBRARY MEMBERSHIP
Payroll Deduction Authorization

Name _________________________________________________________
Banner ID #______________________________________________
(as it appears on paycheck)
Campus Address ________________________________________________
Phone_______________________________________________________

Amount*__________________________
*Remember there are two pay periods per month. To figure the amount you wish
to give using the payroll deduction plan, divide your total annual gift by 24 and
write this number in the space above. Example: $240 annual gift divided by 24
pay periods = $10 per pay period.

Please check appropriate block:
Initial payroll deduction Per pay period (minimum $5) $_____________
Change in payroll deduction Monthly total $_____________
Cancellation of deduction
I would like this action to begin
on______________________________________________
(Month-Day-Year)

I hereby authorize payroll deduction on a bi-monthly basis for the amount
indicated for the ECU Friends of Joyner Library. This authorization shall continue
until cancelled by me upon written notice to the ECU Friends of Joyner Library.

Signature_______________________________________________________
Date_________________________________________________________

Mail completed form along with payment or deduction information to:
The Friends of Joyner Library
East Carolina University
2400 Joyner Library
Greenville, NC 27858

No goods or services are provided in whole or in partial consideration for payroll
contributions Greenville, NC 27834