

Friends of Soil Science

Bank Draft/Payroll Deduction Form

Please type or print clearly and
return with completed Gift/Pledge Intention Form.

Full Name: _____

I wish to make the following contribution in support of the Friends of Soil Science organization as indicated on my completed Gift/Pledge Intention Form. My total contribution amount will be \$_____.

I understand that the below-designated amount will be deducted each month for a period of _____ years (1-5).

\$500_____ \$450_____ \$400_____ \$350_____ \$300_____ \$250_____ \$200_____ \$150_____ \$100_____ \$75_____ \$50_____ \$25_____ \$10_____ Other \$_____ (must be greater than \$10)

Form must be received by the third business day of the month in which you wish the deduction to be effective.

Signature: _____ Date: _____

NC State Employees Only (Payroll Deduction):

Human Resources ID #: _____

Job Title: _____ Phone: _____ Department: _____

Campus Address: _____ Payroll Frequency: ___Bi-Monthly ___Monthly

Home Address and Phone:

Non-NC State Employees (Bank Draft):

Social Security #: _____

Home Address and Phone:

Financial Institution: _____ Account Number: _____

Please attach a voided check or deposit slip with your account number on it.

for office use only : ID# _____ Add. Change? _____ Advance Acct. # _____